



# KINROSS PRIMARY SCHOOL

## Interm Swimming Lessons 2018

Swimming classes for Year 3-4 students will be held during Weeks 4 - 5 of Term 2 at Arena, Joondalup. The dates being Monday 21st May until Friday 1st June 2018 a total of 9 lessons (Excludes Monday 28th May due to Pupil free day).

Lessons are conducted by fully trained professionals who provide students with opportunities to progressively develop and extend their knowledge, understanding and skills in swimming and water safety. It is hoped all students will participate in the program and enjoy the benefits of regular physical activity.

There is no cost for the lessons only for the bus hire and pool entry. Total cost payable \$50.00. – Direct Deposit is preferred.

In order to ensure that children gain maximum benefit from the swimming classes please note these points when preparing your children for swimming lessons.

1. Bathers should be worn under school uniform.
2. Supply an environment shopping bag with name written on the outside for wet towel and bathers (no plastic bags please as they tear very easily).
3. Ensure children have dry underwear to change into.
4. Children can bring a brush or comb.
5. Ensure all items (bathers, uniform, and towel) are named.



Please sign the bus permission form below and the attached swimming form and return to school with the money/or payment by credit card by Friday 17<sup>th</sup> May 2018.

Thank You.

Natalie Kaminski  
PhysEd Teacher



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**Payment Slip**

Student's Name:	TA:
Direct deposit BSB 086 275 ACC# 4835 71077 Please be sure to add the students name in the description	
\$50.00 Enclosed (Cash/Cheque Payment) <input type="checkbox"/> \$50.00 Direct Deposit <input type="checkbox"/>	
<b>CREDIT CARD PAYMENT – DETAILS</b>	
Card Number: _ _ _ _ _	Expiry Date _ _ / _ _ Amount \$ _____
Signature of parent / guardian:	Date:



**Interm Swimming ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

I give my child \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
(Full Name PRINT BLOCK LETTERS)

Room Number: \_\_\_\_\_ permission to attend the Department of Education's Interm Swimming classes at \_\_\_\_\_

commencing on \_\_\_\_/\_\_\_\_/\_\_\_\_ and enclose payment of \$ \_\_\_\_\_. (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition or disability\* that may affect his/her safety, or require the school to provide learning adjustment?  No  Yes (please provide further information if necessary) \*\*

\*Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

\*\*If necessary please consult your Principal well in advance of lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary.

<b>Stage No</b>	<b>8</b>	<b>Water/Surf Wise</b>
1	Beginner	9 Senior
2	Water/Surf Discovery	10 Jnr Swim & Survive/Surf Stage 10
3	Preliminary	11 Swim & Survive/Surf Stage 11
4	Water/Surf Introduction	12 Snr Swim & Survive/Surf Stage 12
5	Water/Surf Safe	13 Wade Rescue/Surf Stage 13
6	Junior	14 Accompanied Rescue/Surf Stage 14
7	Intermediate	15 Bronze Star (pool only)

My child is going for Stage number:

Unsure - please grade:

My child has attempted this 'going for' stage three times in Department of Education classes without passing. Please attach copies of last three Department of Education certificates.

Signature: \_\_\_\_\_ Parent daytime phone number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)



**Kinross Primary School- Permission**

**Disclaimer:**  
Please tick the boxes and sign below.

I give permission for my son/daughter \_\_\_\_\_ in TA \_\_\_\_\_ to attend the before mentioned excursion to: **Arena Joondalup.**

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion, unless the school or its employees are proven to be negligent.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent contact number: \_\_\_\_\_

**Health Information:**  
Please tick the appropriate box and sign below.

I confirm that the Health Care information given to Kinross Primary School is current at the time of the excursion.

I will need to update the Health Care information of my child.

Parent signature \_\_\_\_\_ Date: \_\_\_\_\_

*If the information is not current, you will be requested to complete another form to update these details prior to the excursion.*