

Dear Parents/Caregivers,

2018 Melville Aquatic Centre In Term Swimming: 18 June to 29 June

Pre Primary to Year 6 students will be attending In Term Swimming Lessons at Melville Aquatic Centre from Monday 18 June to Friday 29 June. Swimming Stages 1-15 will be catered for and examined. This is a normal school sport activity and **all students are expected to attend** unless they have a medical reason that precludes them from swimming. All classes will depart from and return to Applecross Primary.

2018 Melville Aquatic Centre in Term Swimming Schedule					
Term 2 Week 8/9 (18/6/18 – 29/6/18)					
GROUP	ROOM NUMBERS	YEAR LEVELS	DEPART SCHOOL	LESSON TIME	ARRIVE SCHOOL
1*	8,11,13	1,3,5	8:40 <i>*Note early departure</i>	9:00 – 9:40am	10:05
2	7,21,17	1/2,4,6	9:30	9:50 – 10.30am	10:55
3	6,20,15	1,4,6	10:20	10:40 – 11:20am	11:40
4	10,9,12,16	1,2,3,5/6	11:40	12:00 – 12:40pm	1:05
5	3,4,19	PP,PP,2/3	12:30	12:50 – 1:30pm	1:55
6*	5,18,14	PP,2,4/5	1:20	1:40 – 2:20pm	2:35 <i>*Note return time</i>

Swimming Lessons are free, however combined bus hire and pool entry for the 2 weeks is **\$54.00**. This payment **DOES NOT** come from your child's Up Front Payment. If your child is unable to attend we can only refund pool entry.

Please return the following completed forms together with **correct** payment if paying cash, clearly labelled, by **Friday 1 June to the locked box in the office:**

- Parent Permission and Payment Form
- In Term Swimming Enrolment Form
- Water Based Excursion Form

Payment options are detailed on the attached 'Parent Permission and Payment Form'. All forms are required by this date in order to organise instructors for all student groups. No student will be allowed to attend swimming lessons without the completed permission forms.

Yours sincerely,

Mr Derek Rijnhart
Physical Education Specialist
21 May 2018

Parent Permission and Payment Form Excursion to In Term Swimming 2018

Where: Melville Aquatic Centre
When: Monday 18 June to Friday 29 June
Time: As per the schedule on the front page

The cost will be **\$54.00** per student. **Please sign and return this permission slip and money (if paying cash) to the front office before Friday 1 June.**

I have signed and completed the **In Term Swimming Enrolment Form and Water Based Excursion Form**. I have read and understood the information regarding the excursion to Melville Aquatic Centre from Monday 18 June to Friday 29 June and give consent for my child to attend swimming lessons at Melville Aquatic Centre **travelling by bus**.

Child's Name: _____ **Room Number:** _____

Signed: (Parent/Guardian) _____ **Date:** _____

Phone Number: _____

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.

- PAYMENT OPTIONS**
- * CASH
 - * CREDIT CARD - **Visa & Mastercard**
 - * CHEQUE - payable to '**Applecross Primary School**'
 - * DIRECT DEPOSIT - ANZ Booragoon **BSB 016-267 Account No 3408 67399** (Please use your child's **Name and Room No** as reference and email confirmation of payment to Applecross.ps@education.wa.edu.au)

PLEASE COMPLETE ALL DETAILS: Payment Type: Cheque Cash Credit Card
 Visa Mastercard

CREDIT CARD NO: (PLEASE PRINT CLEARLY)

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EXPIRY DATE: (PLEASE PRINT CLEARLY)

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CARD HOLDER'S NAME

CARD HOLDER'S SIGNATURE



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.

Stage No	8	Water/Surf Wise
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:

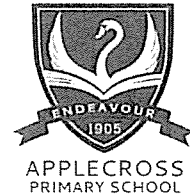
Unsure - please grade:

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)

APPLECROSS PRIMARY SCHOOL

CONSENT FOR WATER-BASED EXCURSION



STRICTLY CONFIDENTIAL

This form is intended to assist the school and supervising teachers in the event of an emergency involving your child. It is required for all children attending educational excursions.

Student details

Student's name _____ Date of birth _____

Parent or guardian's full name _____

Address _____ Postcode _____

Telephone No. – home _____ Telephone No. - work _____

Telephone No. - mobile _____

Name of family doctor _____ Telephone No: _____

Swimming ability (refer to the Education Department Swimming and Water Safety Continuum — attached)

- | | | |
|---------------------|--|---|
| 1. Beginner | 7. Intermediate | 13. Wade Rescue/Surf Stage 13 |
| 2. ter Discovery* | 8. Water Wise* | 14. Accompanied Rescue/Surf Stage 14 |
| 3. Preliminary | 9. Senior | 15. Bronze Star (pool only) |
| 4. Water Awareness* | 10. Junior Swim and Survive*/Surf Stage 10 | My child has achieved Stage Number: _____ |
| 5. Water Sense* | 11. Swim and Survive*/ Surf Stage 11 | Date achieved: _____ |
| 6. Junior | 12. Senior Swim and Survive*/Surf Stage 12 | I am unsure. Please assess my child: <input type="checkbox"/> |

Note: Details of swimming ability related to the excursion

Schools need to request information from parents regarding students' skills and abilities in the context of the excursion, e.g. ocean, pool.

* Royal Life Saving Society of Australia awards. Stage 10 focuses on safety and survival abilities, including clothed survival and personal fitness for survival, and extends the student's range of swimming skills. Stages 11 and 12 involve further development of survival and swimming skills and endurance. Stage 12 provides a foundation for rescue awards.

Medical details

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware.)

Yes No

If "yes", give details:

Is your child allergic to:

Penicillin

Give details

Any other drug

Give details

Any food

Give details

Other

Give details

Is any special care required?

Yes

No

If "yes", give details:

Tetanus vaccination:

Yes

No

Don't know

Medications

Arrangements for the safekeeping and handling of medications must be made prior to the excursion.

Is your child presently taking tablets and/or other forms of medication?

Yes

No

Does your child self-administer the medication?

Yes

No

If 'yes', give details (dosage, frequency, name of medication and reason for use):

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

Signature of parent or guardian _____ Date: _____