Dear Parents

During term 1 Year 4-6 will be attending swimming lessons at the Gympie Memorial Pool as part of the Physical Education Program. Students will be bused to and from the pool. Swimming will begin in Week 2 and continue through to Week 6 with our Interhouse Swimming Carnival for Years 4 - 7 being held on Friday 13th March.

<table>
<thead>
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<td>Week 2,3,4,5,6</td>
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<td>9.00am - 10.00am</td>
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**Assistance Required**

To enable the group sizes to remain small enough to be manageable and productive parental assistance is essential. This can be a very rewarding activity and does not entail much experience as a program is supplied and the teachers and instructors are available for assistance at all times. To also assist you, we will be running a meeting to outline the expectations and program details on Wednesday 4th February at 3.15pm in the school library (Multi Media Room). Please indicate below if you are available to attend this meeting.

**Student Requirements**

- Swimming cap (This is mandatory for both boys and girls and students will not be able to participate without one)
- Sunscreen of a 30+ rating.
- Swimshirt/Sunshirt
- Sandals or thongs to wear to and from the pool in order to eliminate the time taken at the pool to put shoes and socks back on.

The swimming program we will be using is The Royal Life Saving Society's "Love 2 Swim" program.

This Program develops

- Swimming Technique
- Water Safety
- Water Confidence
- Survival Skills
- Endurance

As the swimming program is a part of the St. Patrick’s Curriculum it is essential that a note be handed to the class teacher if for any reason your child is unable to attend swimming lessons.

**TO DO:**

1. Ensure the medical information currently held by the school is up to date.
2. Indicate your availability to help out (if possible).
3. Return all forms to office.

Kind Regards
Eric Ellems and Geraldine Grimish
APA/Sports Co-ordinator and Assistant
As a parent/guardian of …………………………………………………………………(BLOCK LETTERS) Year …… I, ……………………………………………………………………..(BLOCK LETTERS) give my permission for him/her to participate in the swimming program and travel on the bus under the care of St. Patrick’s School Staff and agree to delegate my authority to the teachers and assistants involved in swimming.

Such persons may take whatever action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group or individually in the above mentioned activity. I also authorise the teachers and their assistants to obtain medical assistance and ambulance transportation which they deem necessary should illness or an accident occur and I agree to pay all expenses incurred on behalf of the above student.

SIGNED:………………………………………………………………………..DATE:………..

Parent/Carer

Please Note: It is important that you advise the school of any changes to the medical information that the school currently holds, and new students – please ensure you have returned a medical information note, prior to the student attending swimming lessons. Our school’s Administration of Medication to Students procedures also apply while we are on camps and excursions.

(Please circle the correct choices below)

I can/cannot help with the swimming program on the following days:

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I will/will not be able to attend the information afternoon on Wednesday 4th February.

Name: ____________________________      Ph. No: ______________________