



📄 Online Form - Swimming Program Year 2 Term 4

Activity Name:	Swimming Program Year 2 Term 4
Date/Time:	Friday 18 October 2024 10:30am - 12:15pm (every Friday until 6 Dec)
Description:	<p>In Term 4, the students in Year 2 will be participating in an eight-week swimming program held at Sutherland Leisure Centre. This program will run every Friday from Week 1 to Week 8. The program caters to all levels of swimmers from beginning to squad and allows students to improve in their swimming skills and confidence. We have been very impressed with how the program is run and the quality of the instructors over the past years.</p> <p>Payment must be made by Wednesday 16th October in order for your child to participate in this program.</p>
Cost:	\$209.00
Venue:	Sutherland Leisure Centre (NB: spectator entry is cashless - card only)
Transport:	Seat belted coach
Dress Code:	Swimmers to be worn under sports clothes. Students to change back into their sports clothes at school after returning from swimming
Food:	Recess will be eaten early at school before departing for swimming lessons
Please Bring:	Please pack a hat, underwear, sunscreen, hooded towel, goggles, plastic bag and a swimming bag/excursion bag
Additional Information:	Due to bus and pool bookings we are unable to provide a refund if your child does not attend
Due Date:	Wednesday 16 October 2024

* indicates a required field

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Emergency Contact Name: *

Emergency Contact Phone Number: *

Medical conditions/information relevant to the activity (including any medication required):

In relation to the proposed water activities, I advise that my child is a: *

- ☐ **Non swimmer:** My child is unable to swim
- ☐ **Weak swimmer:** My child is not a confident swimmer or is not comfortable in the water
- ☐ **Average swimmer:** My child is a reasonable swimmer but is not very strong or confident in deep or fast water
- ☐ **Strong swimmer:** My child is a strong swimmer and is very confident in deep or fast water

I have completed the above information regarding water activities and: *

- ☐ I consent to my child participating in the water activities
- ☐ I **do not** consent to my child participating in the water activities

Medical Assistance - in the event of injury or illness, I authorise on my behalf the seeking of such medical assistance that my child may require: *

- ☐ Yes

Personal Injury - I understand that, in the event of injury, no personal injury insurance cover is provided by the NSW Department of Education for students in relation to school sporting activities, physical education lessons or any other school activity: *

- ☐ Yes

Concussion - if my child is diagnosed with concussion at any time, I must inform the school in writing and provide a medical clearance to support their return to sport and physical activity. If my child experiences a suspected concussion during school, they will be removed from this activity and medical follow-up recommended: *

- ☐ Yes

Illness - I confirm my child will not attend if displaying symptoms of illness, and/or directed to isolate under public health orders: *

- ☐ Yes

I acknowledge that my child will be under the duty of care of the supervising teacher: *

☐ Yes

I acknowledge that if my child seriously contravenes behaviour expectation, they may be immediately excluded from this activity: *

☐ Yes

Any additional comments:

Parent/Carer Signature: *

Please note: Once you have submitted this consent form, payment can be made via the 'Make Online Payment' button located on this page.