Jubilee Primary School, Pacific Pines
Grades 3-7 Swimming Lessons
Term 1, 2014

The 2014 Swimming Program for Grades 3-7 students commences in week 2 of this term. Our Grade 5 and 7 students program will commence on Tuesday 04/02/14 (specific class times are set out below). This program will continue most Tuesday’s of this term until 01st April.

The Grade 3, 4 and 6 students swim program will commence on Thursday 06/02/14 and take place on most Thursday’s through to 03/04/14.

Due to our major Liturgy/School Opening in week 4 there will be no lessons for that particular week. Our Jubilee School Swimming Carnival (Miami Pool) on Tuesday 04/03/14 and Grade 7 Camp commitments will also have some influence on the timetable for swimming classes.

The program will be held at Bergman’s Swim Centre. Students will change at school prior to departure by bus and will be returned to school by bus immediately following their lesson. Parents are reminded that swimming lessons are part of our school curriculum, and you are requested not to attend as this may distract the students.

Only one class will participate at a time, each having access to 3 to 4 instructors.

The cost of the swimming lessons, including bus transport to and from Bergman’s Swim Centre each week and entry into Miami Pool and associated bus costs for our annual Jubilee Swimming Carnival on Tuesday 04/03/14 will be invoiced to each family as school fee statements are sent home.

Listed below are the student requirements for this year’s lessons:

- **Swim Cap** is compulsory (use your own, purchase from the uniform shop, we are currently sourcing a under $5 version and the silicone type with Jubilee logo is $15.00. Bergman’s Swim Centre 3434 have a basic version for around $7.00)
- Bring your own one piece swim suit, towel, thongs and apply class sun cream for extra protection while waiting for bus.
- Be prepared to change quickly at school, both before and after your lessons. Your teacher will direct you to the appropriate places for changing.
- Goggles are not compulsory, but are recommended due to chlorine.

Buses will leave school approximately 10 minutes prior to lesson times and return straight after each lesson.

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<tr>
<th>Tuesday’s</th>
<th>Thursday’s Classes</th>
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<tbody>
<tr>
<td>9.00 am 7 F</td>
<td>9.00 am 3 F</td>
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<tr>
<td>9.40 am 7 L</td>
<td>9.40 am 3 L</td>
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<tr>
<td>10.20 (Instructor break)</td>
<td>10.20 am 4 F</td>
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<td>11.10 am 5 F</td>
<td>11.00 am 4 L</td>
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<tr>
<td>11.50 am 5 L</td>
<td>11.40 am (Instructor break)</td>
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<td>12.30 pm 5 U</td>
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Please return attached permission form to class teachers by Monday 03/02/14

I trust that each of our students will enjoy this very important aspect of HPE.

Yours in HPE and Sport,

Alistair Davies
Jubilee Primary School
Swimming Lessons 2014
Grades 3 - 7
Tuesday's and Thursday's Term 1, 2014
Bergman’s Swim School, Gaven

Parent/Person With Legal Responsibility for the Student Consent Form

As a Parent/Person with legal responsibility for the student of:

________________________________________
(Child’s first name and surname)

________________________________________
(Your first name and surname)

give my consent for him/her to participate in the school activity as detailed in the written information supplied to me. I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.

I accept that the teachers/staff will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion.

In the event of any illness or accident, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

I include the completed medical information section (below) about my child to assist those who are organising the excursion.

Signed: ___________________________ Date: ___________________________
(Parent/Person with legal responsibility for the child)

Emergency contact telephone number: ___________________________

Medical Information: (Please note - Where Yes/No is used, please delete as appropriate)

Does your child have any medical condition or disability which may affect your child’s participation in the school excursion? Yes/No * If Yes, please give details:

________________________________________

Is your child on any prescribed medication(s) which would be required to be continued during the excursion? Yes/No * If Yes, please give details:

** Please note that if you require prescribed medications to be administered by school staff, you will need to obtain, complete and return a Jubilee Student Medication Request Form. These may be obtained from your class teacher or the school office.

Does your child have any allergies (eg. insect bites, FOOD)? Yes/No * If Yes, please give details:

________________________________________

Is there any other information you would like to give which, in your view, may affect your child’s participation in the excursion (eg. anxiety, bus sickness, ?) Yes/No * If Yes, please give details:

________________________________________