Jubilee Primary School, Pacific Pines  
Grades 3-7 Swimming Lessons  
Term 1, 2013

The 2013 Swimming Program for Grades 3-7 students commences in week 2 of this term. For our Grade 3 and 4 students their 7 week program will commence on Tuesday 05/02/13 (specific class times are set out below). This program will continue for 7 consecutive Tuesday’s, concluding on Tuesday 19th March. Our Grade 5, 6 and 7 students will also complete a 7 week program, commencing on Thursday 07/02/13 and continuing each Thursday, through to 21/03/13.

Due to Grade 5 and 7 Camps being held during 1st Term, year 5 and 7 students will have their catch up lesson (lesson #7) on Tuesday 26/03/13, the last Tuesday of term 1.

The program will be held at Bergman’s Swim Centre on Universal Drive, Pacific Pines. Students will change at school prior to departure by bus and will be returned to school by bus immediately following their lesson.

Only one class will participate at a time and classes will have access to 3 to 4 instructors each lesson, thus providing excellent teacher/pupil ratios.

The cost of the 7 swimming lessons, including bus transport to and from Bergman’s Swim Centre each week and entry into Southport Pool for our annual Jubilee Swimming Carnival on Friday 22/02/13 is $70.00, this will be on Term 1 School fees invoice.

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

- Swim Cap compulsory (use your own or purchase from the uniform shop, cheap version is $3.00 and the silicone type with Jubilee logo is $15.00. Bergman’s Swim Centre has a basic version for around $7.00).
- 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.

<table>
<thead>
<tr>
<th>Tuesday’s Classes</th>
<th>Thursday’s Classes</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.00 am Gr 3 F 40 mins</td>
<td>9.00 am Gr 5 F 40 mins</td>
</tr>
<tr>
<td>9.40 am Gr 3 L 40 mins</td>
<td>9.40 am Gr 5 L 40 mins</td>
</tr>
<tr>
<td>10.20 am Gr 3 U 40 mins</td>
<td>10.20 am Gr 6 F 40 mins</td>
</tr>
<tr>
<td>11.00 am Gr 4 F 40 mins</td>
<td>11.00 am Gr 6 L 40 mins</td>
</tr>
<tr>
<td>11.40 am Instructor Lunch 50 Mins</td>
<td>11.40 am Instructor Lunch 50 Mins</td>
</tr>
<tr>
<td>12.30pm Gr 4 L 40mins</td>
<td>12.30pm Gr 7 F 40 mins</td>
</tr>
<tr>
<td>1.10 pm Gr 4 U 40 mins</td>
<td>1.10 pm Gr 7 L 40 mins</td>
</tr>
<tr>
<td>1.50 pm Gr 4 J 40 mins 2.30 pm finish</td>
<td>1.50 pm finish</td>
</tr>
</tbody>
</table>

All the very best with this most important aspect of H.P.E.,

Alistair Davies, Physical Education at Jubilee
Jubilee Primary School
Grade 3-7 Swimming Lessons
Bergman’s Swim School, Pacific Pines
Term 1, 2013 (weeks 2-8) see program attached
Please return permission slip to class teachers by: Friday 01/02/13

Parent/Person With Legal Responsibility for the Student Consent Form

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

_________________________  Class ________
(Child’s first name and surname)

I, ____________________________,
(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 (e.g. anxiety, bus sickness, ?) Yes/No  * If Yes, please give details:

________________________________________________________________________