

# School Swimming – Secondary Sport



30 October 2018

Dear Parent/Caregiver

<b>Description of event:</b>	School Swimming– Secondary Sport and PE
<b>Dates:</b>	Wednesday Sport and scheduled PE lessons to commence in Week 6
<b>Venue:</b>	Yeoval Swimming Pool
<b>Transport:</b>	<b>Walking</b>
<b>Cost:</b>	<b>\$1 pool entry to paid directly to the pool (no cost if you have a season pass)</b> <b>YCS provides assistance through our Student Assistance Scheme. Please request a form from our front office.</b>
<b>Note/payment due by:</b>	<b>Wednesday 14 November</b>
<b>Other details:</b>	Swimmers, rashie or tshirt that can be worn in the pool, sunscreen, hat, towel and water, plastic bag for wet items.

Yours faithfully



Katrina Corinth  
Organising Teacher



Nicole Bliss  
Principal

At Yeoval Central School we inspire all to be responsible, respectful learners. Working together to achieve and grow.

### Structured aquatic activities – advice

The excursion will involve structured aquatic activities.

These activities will take place at: **Yeoval Swimming Pool**

### Structured aquatic activities – response

In relation to the proposed structured aquatic activities (please tick)

- ☐ My child is **PERMITTED** to go in the water  
☐ My child is **NOT PERMITTED** to go in the water

My child is permitted to go in the water (please tick)

- ☐ **A NON-SWIMMER:** My child is unable to swim  
☐ **A WEAK SWIMMER:** My child is comfortable and confident in shallow water but cannot swim very well  
☐ **AN AVERAGE SWIMMER:** My child is a reasonable swimmer but is not very strong or confident in deep water  
☐ **A STRONG SWIMMER:** My child is a strong swimmer and is very confident in deep water

## School Swimming – Secondary Sport

I do / do not (please circle) consent to \_\_\_\_\_ participating in **School Swimming – Secondary Sport and Scheduled PE lessons** at **Yeoval Swimming Pool** for Wednesday Sport and scheduled PE lessons to commence in Week 6.

Please provide any changes to your child's medical/emergency information in writing to the school office prior to the excursion. [Student medicare number: \_\_\_\_\_]

- ☐ **I consent to my child participating in all excursion activities**
- ☐ I understand that my child will be walking to the venue.
- ☐ **I understand payment of \$1 is required for entry into the pool (no cost if holds a season pass)**

Signed: \_\_\_\_\_  
(Parent/Caregiver)

Date: \_\_\_\_\_

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