

BETHANY CHRISTIAN SCHOOL

SPORTS DEPARTMENT

2017 SCHOOL SWIMMING LESSONS



23 August 2017

Dear Parent/Care Giver,

During the year students in year level groups will be participating in swimming lessons at the Parafield Gardens Swimming Centre. There is no extra cost involved. Each day, during the week they have swimming lessons, your child will be transported to and from the Swimming Centre via private coach. Swimming lessons will take place throughout the day for the various year levels.

Please view the swimming lesson timetable on the back of this letter for more information and put the relevant date into your personal diary.

Lessons are part of the school's curriculum and all students are required to participate. If students are unable to participate in their swimming lessons a doctor's certificate will need to be provided to your child's class teacher before the commencement of swimming lessons.

Please complete and return the permission slip below along with the attached consent form from the Parafield Gardens Swimming Centre by the week before your child's swimming lessons to your child's class teacher. A reminder letter will be sent out to you the week before your child's swimming lessons begin.

Students will be allowed to purchase items from the centre's canteen after their last swimming lesson. If you would like your child to purchase anything then please send their money in a named, sealed envelope.

Students are to be picked up from school at the end of the school day as per usual.

Swimming Goggles are available from the swimming centre for approximately \$10.

Sincerely,

Mr. Hannaford
Sports Coordinator

Please return this permission slip to your child's class teacher before the week of swimming lessons

My Child: _____ **Class:** _____
First Name Last Name

Has permission to travel on the bus and attend Bethany Christian School's swimming lessons as outlined.

I understand that the swimming lessons will take place at the Parafield Gardens Swimming Centre under the direction of the instructors at the Centre.

- I give permission for Parafield Gardens Swim Centre to take and publish photos of your child for promotional purposes.
- I **DO NOT** give permission for Parafield Gardens Swim Centre to take and publish photos of your child for promotional purposes.

Parent Name: _____

Signed: _____

Date: ____/____/____

BETHANY CHRISTIAN SCHOOL

SPORTS DEPARTMENT

2017 SCHOOL SWIMMING LESSONS TIMETABLE



Please view the table below for all the information regarding School swimming lessons.

Year Level	Bus Leaving Time [From School]	Session Times	Bus Leaving Time [From Swim Centre]	Class	Class
Year 6					
Year 6 Term 1; Week 5 6th March - 10th March	1.15	1.30 - 2.30	2.45	6H, 6MC, 6T	
Reception & Year 1					
Reception & Year 1 Term 1; Week 9 3rd April - 7th April	10.45	11.00 - 12.00	12.15	1T	1D
	12.00	12.15 - 1.15	1.30	RHW	1B
	1.15	1.30 - 2.30	2.45	RD	RG
Years 4 & 5					
Years 4 & 5 Term 2; Week 10 3rd July - 7th July	10.45	11.00 - 12.00	12.15	5T	5RK
	12.00	12.15 - 1.15	1.30	5P	4WY
	1.15	1.30 - 2.30	2.45	4G	4WH
Year 2 & 3					
Years 2 & 3 Term 3; Week 10 25th - 29th September	10.45	11.00 - 12.00	12.15	3T	3L
	12.00	12.15 - 1.15	1.30	2P	3N
	1.15	1.30 - 2.30	2.45	2R	2Z

Parafield Gardens Swimming Centre

'Where Children Love To Learn'

Kings Road (cnr Martins Rd)

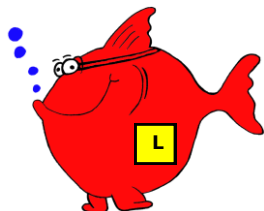
Parafield Gardens SA 5107

www.parafieldgardensswimschool.com.au

Phone: 8285 3666

pool use only 2016

NS	
NS/HO	
NS/HI	
G/S	
ST/D	
SH/W	
SQ	



SWIMMING / AQUATICS CONSENT FORM

NAME OF STUDENT

(Preferred Given Name)

(Family Name)

CONTACT PHONE NO:

SCHOOL

As a Parent/Guardian of this student, I give my consent for him/her to participate in Swimming or Aquatic Activities and agree to the delegation of authority to the staff and/or instructors involved.

I have completed the medical information and include details of limitations, which he/she has for the activities undertaken. This information is confidential and will only be made available to Staff and Instructors on a need to know basis.

I DO / DO NOT give permission for Parafield Gardens Swim School to use my child's photograph for: please tick

- School Swimming Certificate Staff Training Purposes Advertising/Promotional use

Parent / Guardian Name _____

Signed _____ Date _____

MEDICAL INFORMATION

Information contained in this section is necessary to ensure that the student's medical conditions are properly managed, however, no student with special needs will be excluded from swimming unless on medical advice.

CONVULSIONS / SEIZURES (E.G. Epilepsy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ASTHMA OR OTHER CHEST PROBLEMS (please ensure medication is with child)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ALLERGIES (e.g. Bee Stings)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
DIABETES	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
VISION or HEARING PROBLEMS (e.g. Glasses or Hearing Aid)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
EAR DISORDER (e.g. Drainage Tubes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
DERMATITIS (e.g. relevant skin conditions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
OTHER RELEVANT CONDITIONS (e.g. Attention Deficit Hyperactivity Disorder)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
MEDICATION (e.g. any current medication)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

I have checked my child's hair for head lice he/she is all clear

(sign).....(date).....

Please Note: If your child has head lice he/she will not be allowed to participate in swimming.