

Swimming/ Life Saving 3-6 2019

Dear Parent/Caregiver,

As part of the Sporting Schools program children in Years 3-6 are being offered the chance to participate in swimming lessons or Royal Life Saving activities for 6 weekly sessions on Friday afternoons, 18th October – 22nd November (T4 Weeks 1-6).

The children will be transported by bus to and from the Casuarina Beach Rec Club each Friday for a 45 min lesson.

Tuition, which will be provided by qualified coaching staff, is specifically aimed at enhancing and educating children in the dangers of aquatic environments and develops skills to prevent drowning and assist in water rescue and survival. This program has been developed by Royal Life Saving Australia.

There is also the opportunity poor or non-swimmers to learn to swim, improve swim strokes and take part in squad activities. Students will be placed in groups according to the swim coaches' assessment.

Cost includes bus, pool entry and lessons for 6 weeks, \$60 total per child.

This program is being heavily subsidized by a grant from NSW Sporting Schools and is an excellent opportunity for children to learn to swim or develop skills in the water.

If you have supplied the school with information on your child's swimming ability for this year's carnival no further information is required. However, if this information was not provided please complete and return the attached swimming survey.

This program can cater for a maximum of 50 students.

If you wish your child to participate in the Swimming/ Life Saving program for school sport this term please return the note to school by Wednesday 25th September 2019, including the \$60 total cost.

Once maximum numbers are reached the program will be closed.

Amber McEwan
Sport Coordinator

Rod Cornelius
Relieving Principal

Swimming/ Life Saving 3-6 2019 Permission Note

(Please tick each line to indicate acceptance)

___ I would like my child _____ of class _____
to participate in swimming or life saving lessons 2019.

___ I have given my child's swimming survey to the school in 2019.

I understand that students will be travelling by bus to and from the Casuarina Beach Rec Club.

I have included \$60 for the 6 week program.

My child has the following medical needs: _____

Signed: _____ Date: _____

Cudgen Public School - Swimming Readiness Survey.

It is important that the whole of this form is completed **ONLY** by the person whose signature and name appears at the bottom of this form.

If the form is not completed in its entirety, the student named will NOT be permitted to attend the swimming function.

STUDENT NAME: _____ CLASS: _____

Date this form was completed: _____

1. Has your child completed any swimming lessons? ☐ YES ☐ NO

If yes, please specify:

TYPE OF LESSONS _____

INSTRUCTOR _____

DURATION/ NUMBER OF LESSONS _____

DATE OF LAST LESSON _____

LEVEL OF COMPETENCY REACHED _____

2. How often does your child partake in swimming activities, other than the backyard pool? (please specify the sorts of activities) _____

3. Does your child participate in programs such as NIPPERS? ☐ YES ☐ NO

If yes, please provide details:

4. Is your child able to swim 25 metres, unaided, in water deeper than 1metre? ☐ YES ☐ NO ☐ UNSURE

5. Does your child have a fear of deep water? ☐ YES ☐ NO

6. Does your child panic when sudden immersed in deep water? (eg: going down slides, dumped by waves)

☐ YES ☐ NO ☐ UNSURE

7. How would you rate your child's swimming confidence? (tick one box only)

☐ Strong swimmer ☐ Can tread water ☐ Can play in water over their height

☐ Can play in water to 1metre depth ☐ Needs flotation devices ☐ Poor water confidence

This form has been completed by _____ (print name). _____ (signature)

My relationship to the student named above: _____