

**SWIMMING PROGRAM 2017 – Bellarine Aquatics Sports Centre (BASC)**  
**20th – 30th November 2017**

Dear Parents,

A major component of our Physical Education Program is instructional swimming. An eight day program for years Prep-3 will commence on Monday 20th November and continue over two weeks until Thursday 30th November - with Friday 24th and Friday 31st November being rest days (no swimming).

The program will be held at Bellarine Aquatics Sports Centre (BASC in Ocean Grove) with qualified instructors. The cost of the program is approximately \$55 which includes bus transport and pool entry. The cost of instruction time in the pool (\$45) is paid by the school.

In order to finalise the program we are asking for all permission forms and program costs of **\$55 to be returned by Tuesday November 7th to the front office and the permission slip to the classroom teacher.**

We need the greatest number of students to attend to keep this program viable. This program is an important part of students gaining not only a life skill of swimming but also independence, organisation, responsibility and confidence. It is part of the schools extra curricula sports educational program and it is expected that all children will participate.

All students must bring bathers, goggles, a towel and plastic bag for wet gear. Please ensure all items are labelled.

If anyone is wishing to have forms signed for Surf Life Saving Nipper programs, this is a great time to get those forms signed. Please see myself if you need this done. For any inquiries about the swimming program please see Clair Norris, swim coordinator.

Thank you for your cooperation.

Clair Norris  
 Swim Coordinator

**YEAR P – 3 SWIMMING PROGRAM**

CHILD'S NAME: \_\_\_\_\_ Grade: \_\_\_\_\_

I grant permission permission for my child to participate in the P-3 Swimming Program from **20th – 30th November 2017.**

In the event of accident or injury, I authorise the teacher in charge of the excursion or the parent responsible for driving my child, to seek such medical or surgical treatment as is deemed necessary. I understand that wherever possible, should such an event occur, every attempt will be made to contact me.

Payment \$55 enclosed  Paid via Qkr/Eftpost (*please circle*)

Signature \_\_\_\_\_ Parent/guardian Name \_\_\_\_\_

Date \_\_\_\_\_