



# Gooseberry Hill Primary School Excursion Permission Slip

## SWIMMING LESSONS FOR YEAR 4-6 & CARNIVAL 2019

**Date:** Lessons: Monday 11 February 2019 to Friday 22 February 2019  
Carnival: Friday 5 April 2019

Venue: Kalamunda Pool  
Venue: Bilgoman Pool

**Classes:** Year 4 to Year 6    **Staff attending:** Class Teachers    **Cost:** \$60.00

**Student Requirements:** Bathers, towel, goggles, thongs or similar to wear to and from pool.  
(Bathers are not to be worn to school)

Please Note: *Students who have not returned a signed consent form will not be able to participate in this excursion.* Parents are asked to complete and return **both sections** below – one for the swimming teachers and one for the school

**RETURN ALL FORMS TO OFFICE BY TUESDAY 12 FEBRUARY 2019**

**Deputy Principal**

**29<sup>th</sup> January 2019**



### YEAR 4 TO YEAR 6 SWIMMING CARNIVAL PERMISSION

I give my child \_\_\_\_\_ permission to attend Bilgoman Pool on Friday 5 April.  
[Full Name PRINT BLOCK LETTERS]

I understand the nature of the activities proposed and give staff permission to consent to any emergency medical treatment considered necessary. I am also aware that normal school rules apply and the Education Department insurance does not cover loss or damage of personal belongings.

Signed \_\_\_\_\_  
(Parent/Guardian)

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

### PAYMENT YEAR 4-6 SWIMMING LESSONS & CARNIVAL

Full name of student \_\_\_\_\_

Room \_\_\_\_\_

Cash     Cheque     EFT deposit

Gooseberry Hill Primary School BSB 066-112 Account # 00900983

Total amount of eft payment \$

EFT Reference: . \_\_\_\_\_

**Return forms to office**



# Gooseberry Hill Primary School

## SWIMMING LESSONS PERMISSION SECTION FOR SWIMMING TEACHERS

I give my child \_\_\_\_\_ permission to attend Interm swimming classes at  
[Full Name PRINT BLOCK LETTERS]  
Kalamunda Pool commencing 11 February 2019 and enclose payment of \$60.00.

### Medical:

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition that may affect his/her safety?

No  Yes Please provide details of medication currently being taken if applicable.

Unless such conditions are listed and the form returned, Swimming Staff can not take responsibility for medical conditions of which they are unaware.

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school teachers to consent to my child receiving such medical treatment as may be considered necessary.

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_ Parent Contact No. \_\_\_\_\_

Gooseberry Hill Primary School

Room Number \_\_\_\_\_

Stage No:		
	7	Intermediate
1	Beginner	8 Water/Surf Wise
2	Water/Surf Discovery	9 Senior
3	Preliminary	10 Jnr Swim & Survive
4	Water/Surf Awareness	11 Swim & Survive
5	Water/Surf Sense	12 Snr Swim & Survive
6	Junior	12+ Adv Swim & Survive

My child is going for Stage No:

Unsure, please grade:

Please indicate here if your child has attempted the "Going For" Stage indicated above three times without passing.

Signed \_\_\_\_\_  
(Parent/Guardian)

Return forms to office

## SWIMMING CARNIVAL PRE SELECTION OF EVENTS 2019

Students will be nominating for the events but we would appreciate parents checking that the correct events have been selected.

There will be one faction relay per year (2 girls, 2 boys).

Students who have passed Stage 7 will be expected to nominate for the 50m events.

### **RACES WILL BE CONDUCTED IN YEAR LEVELS**

1. Freestyle: 50 metres (length of pool) or 25 metres (half length of the pool)
2. Breaststroke: 50 metres (length of pool) or 25 metres (half length of the pool)
3. Backstroke: 50 metres (length of pool) \*\*\* There is no 25 metres event in Backstroke\*\*\*

**The 25 metre races are included to allow children, who may not feel overly confident, an opportunity to participate.**

**Please note: 1. Children are NOT permitted to swim both 25m and 50m distances.**

2. Children should not elect to swim 25 metres when they are able to swim 50 metres.
3. Children who wish to be considered for the Inter-school Carnival must swim the length of the pool.
4. All students will be able to participate in the novelty events throughout the afternoon.

**PARENTS** please assist us by completing **ALL SECTIONS** and returning it to the office

**by Friday 22 February.**

**Late nominations make the scheduling of races very difficult so please be prompt.**

Thank you for your cooperation

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**Use this side for 50m options only.**

**Students cannot select from both 25m and 50m options.**

Child's name \_\_\_\_\_ [Full name]

Faction \_\_\_\_\_ Year Level \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

50 m options	
Freestyle 50 metres	<input type="checkbox"/>
Breaststroke 50 metres	<input type="checkbox"/>
Backstroke 50 metres	<input type="checkbox"/>

**Return forms to office**

**Use this side for 25m options only.**

**Students cannot select from both 25m and 50m options.**

Child's name \_\_\_\_\_ [Full name]

Faction \_\_\_\_\_ Year Level \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>25m options</b>	
<b>Freestyle 25 metres</b>	<input type="checkbox"/>
<b>Breaststroke 25 metres</b>	<input type="checkbox"/>



**Use this side for 25m options only.**

**Students cannot select from both 25m and 50m options.**

Child's name \_\_\_\_\_ [Full name]

Faction \_\_\_\_\_ Year Level \_\_\_\_\_

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>25m options</b>	
<b>Freestyle 25 metres</b>	<input type="checkbox"/>
<b>Breaststroke 25 metres</b>	<input type="checkbox"/>