

SWIMMING PROGRAM

ALL STUDENTS: Please circle and return the first section below by Friday 22nd July 2016

My child _____ will / will not be taking part in swimming lessons.

Signed: Date:

IF YOUR CHILD IS GOING SWIMMING, PLEASE RETURN TO SCHOOL BY 19TH AUGUST, 2016

I give my permission for my child _____ to travel by bus to Traralgon Indoor Sports and Aquatic Centre.

I understand that the excursion is organised under the supervision of a teacher, and give permission for them to consent, where it is impracticable to communicate with me, to my child's receiving such medical or surgical treatment as may be deemed necessary.

Activities within this program present the potential for students to sustain physical injury. A risk management plan for this program has been developed by staff and is available for parents to review upon request.

The Department of Education does not provide student accident cover, parents may wish to obtain student accident cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

Signed Parent/Guardian: _____

Dated: _____

Contact Number: _____

I have enclosed \$105.00

I am paying by direct deposit

I am paying by instalments
(to be finalised before 19/08/2016)

Please deduct from CSEF

