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**Ainslie Afters Vacation Care Swimming Excursion**

**Wednesday 8 October 2014**

 **Information and Permission**

Dear Parents and Carers

**IMPORTANT INFORMATION**

**Venue:** Gungahlin Leisure Centre

**Date:** Wednesday 8 October 2014

**Time: 12.30pm** departure. **3pm** departure from the pool for a 4pm return to school.

**Transport:** Bus

**Ratio: 1:5**

**Water bottle:** Students will need to bring a water bottle.

**Clothing:** Swimmers and towel in a plastic bag. Please ensure all your child’s property is clearly labelled with their name.

**Safety and Emergency Procedures:**

If needed, we can be contacted at Gungahlin Leisure Centre on 6247 2972 or the Afters mobile 0432796254

It is important that all educators are aware of your child’s swimming ability prior to the event. Please ensure you carefully complete the attached permission note indicting your child’s ability. **Please return this note when enrolling for this excursion.**

Ainslie Afters Vacation Care Swimming Excursion Permission Note

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I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to attend the Ainslie Afters swimming excursion at Gungahlin Leisure Centre on Wednesday 8 October 2014 travelling by bus.

***Code of Conduct and Parental Agreements*:**

*Educators accompanying children on excursions will take all reasonable care while the children are in their charge to protect them from injury and to control and supervise their behaviour and activities.*

*Unacceptable behaviour will be treated as it is normally treated in service, (reminders, and reflection time in a designated spot) but with the additional factor that we may need to ring you to come and collect your child should the behaviour be extreme or overly persistent.*

*Parents should be aware that educator are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, educators have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.*

*•I agree to my child participating in the swimming activities mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise Afters to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided Afters all medical information relevant to my child’s attending this event.*

*•I agree that my child will be under the authority of Afters for the duration of the excursion and that Afters is authorised to contact me to collect my child from the excursion if Afters considers that circumstances warrant such action.*

Name of Parent / Carer: (*please print*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Swimming Assessment Information – Ainslie Afters Vacation Care**

As a part of this assessment and to help ensure the safety of your child, please provide the following information:

 1. **Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 2. **My child can swim:** No Yes

 3. **My child’s swimming ability is:**

Poor Average Strong Very strong

|  |  |
| --- | --- |
| **Rating** | **Criteria** |
| None | Very limited skills in the water |
| Poor | Can walk 5 metres through the water with acceptable stability and coordination |
| Average | Can exit shallow water unassisted***Continuously*** swim 10 metres |
| Strong | Can exit deep water unassistedCan survival scull, float or tread water for 1 minute in deep water***Continuously*** swim 25 metres |
| Very strong | Can exit deep water unassistedCan survival scull, float or tread water for 1 minute in deep water***Continuously swim*** at least 50 metres |

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The information I have provided about my child is correct.