

1<sup>st</sup> March 2018

**Dear Parents** 

I am pleased to inform you that Years 3 and 4 will have swimming tuition at Woolston Hub this term.

This year we will be having intensive swimming lessons hence the children will be having an hour lesson on the following dates, from 1-2 pm.

| Wednesday 13 <sup>th</sup> June | Thursday 14 <sup>th</sup> June | Friday 15 <sup>th</sup> June                       |
|---------------------------------|--------------------------------|--|
| Wednesday 20 <sup>th</sup> June | Thursday 21 <sup>st</sup> June | Friday 22 <sup>nd</sup> June (Drowning Prevention) |
| Wednesday 27 <sup>th</sup> June | Thursday 28 <sup>th</sup> June | Friday 29 <sup>th</sup> June                       |
| Wednesday 4 <sup>th</sup> July  |                                |  |

We are continuing to pay for the hire of the swimming pool and the swimming teacher but funds will not allow for the full cost of transport. This term there will be 10 lessons, would you please send a cheque or cash to the value of **£10.00 so that swimming lessons can continue this term.** Cheques should be made payable to Newchurch C P School.

Please complete the medical form attached and return with the payment to school by **20<sup>th</sup> April 2018.** 

We consider swimming to be an important part of our educational programme and so these contributions are voluntary, but we will not be able to continue with the lessons unless we have your support in this matter.

Thanks for your help.

Yours sincerely

Shannenaan

Mrs S Lawrenson Headteacher



AQUATICS

## SCHOOL SWIMMING MEDICAL FORM

| Please provide us with the following pupil  | information:                       |  |  |
|---|------------------------------------|--|--|
| NAME  |                                    |  |  |
| D.O.B//   |                                    |  |  |
| SCHOOL  |                                    |  |  |
| YEAR GROUP  |                                    |  |  |
| TELEPHONE NUMBER  |                                    |  |  |
| MEDICAL CONDITION   |                                    |  |  |
|   |                                    |  |  |
| MEDICATION (IF ANY)   |                                    |  |  |
| ANY SPECIAL REQUIREMENTS  |                                    |  |  |
| SWIMMING ABILITY:- (please circle)  |                                    |  |  |
| Non swimmer   | Beginner (5 metres without aids)   |  |  |
| Improver (10 metres without aids)   | Confident (25 metres+/ deep water) |  |  |
|   |                                    |  |  |
| SWIMMING GOGGLES PERMISSION FORM  |                                    |  |  |
| SCHOOL  |                                    |  |  |
| NAME  |                                    |  |  |
| I GIVE PERMISSION FOR MY CHILD TO WEAR SWIM GOGGLES DURING SCHOOL SWIMMING SESSIONS.                              |                                    |  |  |
| SIGNED: (PARENT/CARER)  |                                    |  |  |
| Children who swim frequently or whose eyes are susceptible to irritation may request to use goggles for swimming. |                                    |  |  |

Please ensure that goggles are of a good quality. Please read the manufacturers instructions for putting them on and taking them off. This is important to ensure protection of eyes from impact damage through stretching the eyepieces away from the face with wet fingers. You should be aware that on occasions your child will be asked to remove their goggles in order to safely perform certain aquatic activities.