

Rozelle Vacation Care Swimming Permission Note

I hereby give permission for my child _____ to attend the following swimming excursion(s):

Tuesday 9th January 2018 at Leichardt Pool

Thursday 11th January 2018 at Leichardt Pool

| | | | | |
|---|--|---|---|--|
| Swimming Ability (Please tick which level reflects your child's swimming ability) | Highly Competent -Can swim more than 50 metres without assistance <input type="checkbox"/> | Competent -Can swim 50 metres without assistance <input type="checkbox"/> | Sound -Can swim 25 metres without assistance <input type="checkbox"/> | Developing -Requires assistance with swimming <input type="checkbox"/> |
|---|--|---|---|--|

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|---|--|---|--|---|
| Swimming Pools (Please tick which pool(s) your child can swim in) | Indoor Heated Pool -Shallow pool heated to 31 degrees <input type="checkbox"/> | Outdoor Mushroom Pool -Gradual slope from 0m to 1.2m with non-slip pebble crete bottom <input type="checkbox"/> | Outdoor Olympic Pool -Depth from 1.1m to 1.8m and is heated to 27 degrees <input type="checkbox"/> | Outdoor Diving Pool - Depth from 3m to 4.9m, heated to 27 degrees and includes a 1 metre springboard and 5m platform <input type="checkbox"/> |
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The ratio for the day is 1 staff member: 5 children.

Please Note: your child must bring swimmers, a towel, sunscreen, morning tea, lunch and plenty of water.

Any additional information that you wish to provide _____

Signed _____ Date _____