



A Rich
Past
A Rich
Future

BATHURST PUBLIC SCHOOL



Phone: 02 6331 3923
Fax: 02 6332 2305

George St
Bathurst 2795

10 Day Intensive Swimming Program -
Term 4 Monday 28th November - 2nd December and 7th December - 13th December

Dear Parents,

An intensive 10-day swimming program will be run by Bathurst Swim Academy, Cityfit in Term 4 from **Monday 28th November - 2nd December and 7th December - 13th December** This program will be open to all children from Kindergarten to Year 6.

The children will be taught by qualified Swimming Instructors employed by Bathurst Swim Academy. Sessions will be 45 minutes long and will run everyday for 10 days between 9.15a.m. and 2.00pm. Children will be accompanied to and from the pool by school staff.

Over the 10-day program, the children will be placed in ability-based groups being Beginner, Intermediate and Advanced group.

The cost will be \$120.00 for the 10-day program which includes entry to the pool, bus travel, professional instruction for the children and a detailed assessment at the completion of the 10 day program.

Attached to this note is a permission note, learn to swim criteria, registration form and medical note. **Please complete all notes and return them with the correct money or deposit of \$20 in an envelope clearly labelled with your child's name, class and swimming program to the front office at school.** Parents will be requested to complete a Medical Information note closer to the start of the program.

This year, Bathurst Swim Academy can offer parents the opportunity to use the Active Kids Voucher. If you would like to take the opportunity to use the voucher and your child is eligible to do so for this activity (which parents will need to apply for online through Service NSW), please return a \$20 deposit and tick the box expressing an interest to use the Active Kids Voucher. Return all notes to school and we will contact you with further information.

For Kindergarten students only, The First Lap Voucher will also be accepted. These vouchers can be accessed through Service NSW

The final day money and notes will be Friday 28th October 2022. Parents will be informed of the time their child has been allocated for the swimming program in the following week.

Please note that no refund for the Swimming Program will be available after Friday 28th October 2022.

If parents have any further questions regarding this Intensive Swimming Program, please do not hesitate to contact Mrs Mitchell or Mrs White at school.

Regards

Kate White
Principal
02.05.22

Permission Note – Swimming Program Term 4 2022

I give permission for my child _____ in class _____
to attend the 10 day intensive swimming program to be held at Bathurst Swim Academy **Monday 28th
November – 2nd December and 7th December – 13th December 2022**

I understand travel will be by bus and the children will be fully supervised by Bathurst Public School staff
and will be instructed by qualified swimming instructors employed by Bathurst Swim Academy.

I have completed the Registration Form and Assessment Criteria attached and included;

☐ the full payment for the 10-day swimming program being \$120.00

☐ a deposit of \$20 and will pay regular instalments off the amount owing (**Final payment will be Friday
28th October 2022**).

☐ a deposit of \$20, the balance will be made with the voucher. I understand that it will be my
responsibility to register and claim the voucher online at Services NSW before Friday 14th October 2022. I
am aware that if my child is not eligible or has already used the voucher, I will need to pay the additional
\$100 to the school prior to Friday 28th October 2022. ***Please attach the voucher and return with the
permission note.***

I understand that I will be required to update the medical form closer to the swimming school program
commencement.

Signed _____

Date _____

PAYMENT SWIMMING PROGRAM TERM 4 2022

STUDENT NAME: _____ CLASS: _____

\$120	FULL PAYMENT 10 DAY SWIMMING PROGRAM	
\$20	ACTIVE KIDS VOUCHER	

Online Payment Receipt No: _____ Date Paid: _____

Schools' Preferred Method of Payment is Online

Bathurst Public School – Assessment Criteria

☐ Beginner level

- Enter and exits water safely and confidently
- Can paddle and kick with face submerged
- Can float independently on their back
- Can swim using 'big circle' arms
- Can kick on their back with the use of a board
- Can kick on back independently (no board)

☐ Intermediate level

- Can swim up to 10 metres freestyle (may need improvement)
- Can swim up to 10 metres backstroke (may need improvement)
- Can tread water for 30 seconds
- Can do basic breaststroke kick motion (may need improvement)
- Can float on their back independently for 30 seconds

☐ Advanced level

- Can swim 25 metres of freestyle
- Can swim 25 metres of backstroke
- Can perform a standing dive from side of pool
- Can swim 25 metres of breaststroke
- Can perform dolphin kick

SWIM SCHOOL REGISTRATION FORM

Parent/Guardian Details (*Mandatory)

Is your child an existing Cityfit Swim School member? (please tick)

☐ Existing

*First Name _____ *Surname _____

 *Postal Address _____ *D.O.B / /
 *Suburb _____ *P/Code _____
 *Email _____ Secondary Email _____
 *Mobile _____ Phone- Home _____
 *Emergency Name _____ *Phone -
 _____ Emergency _____

STUDENT DETAILS

Name	Gender	D.O.B.	LEVEL (please circle)		
Student 1 _____	M / F	/ /	Beginner	Intermediate	Advanced
Student 2 _____	M / F	/ /	Beginner	Intermediate	Advanced
Student 3 _____	M / F	/ /	Beginner	Intermediate	Advanced
Student 4 _____	M / F	/ /	Beginner	Intermediate	Advanced

HEALTH SCREEN

<i>Please read carefully and circle applicable answer</i>	Student 1	Student 2	Student 3	Student 4
1. Heart Condition	Y/N	Y/N	Y/N	Y/N
2. Asthma or breathing difficulties?	Y/N	Y/N	Y/N	Y/N
3. Epilepsy or seizures?	Y/N	Y/N	Y/N	Y/N
4. Diabetes (Type 1 or Type 2)?	Y/N	Y/N	Y/N	Y/N
5. In the last 12 months has your child had any muscular, joint or bone problems/ injuries while exercising or swimming? If yes, please give details below.	Y/N	Y/N	Y/N	Y/N
6. Has your child had surgery or been hospitalised in the last 12 months? If yes, please give details below.	Y/N	Y/N	Y/N	Y/N
7. Any other condition/s not mentioned above?	Y/N Y/N	Y/N Y/N	Y/N Y/N	Y/N Y/N

Notes:

Please see over for signature and privacy statement

INFORMED CONSENT

I understand and have answered the Health Screen questions to the best of my ability, and the information given is correct and accurate.

Parent Signature _____ Date ____/____/____

PRIVACY STATEMENT: The information on this form will not be shared with or provided to anyone other than Cityfit staff for use in the conduct of their job.