20 September 2018

Dear Parents and Carers

Year 7 Swimming Improver Club

Swimming is not only a healthy activity, but an essential life-skill. As you may be aware, swimming and water safety are statutory activities at Key Stage 3 PE and we aim to ensure all children are able to swim unaided and competently over a distance of at least 25m in Front crawl, Back crawl and Breaststroke.

The swimming improver club has been designed to support and enable students who cannot currently swim 25m in front crawl or back crawl over one length and to develop a range of general water confidence and water safety skills. In the sessions children learn to enjoy being in water and become more confident. They learn how to keep afloat, move in the water, meet challenges and breathe when swimming.

Active Swim will be providing the sessions, there is no charge for this extra activity however spaces are limited.

**Wednesday after School – 3.25-3.55pm – PLEASE ARRIVE AT 3.15PM TO CHANGE.**

The first session starts Wednesday 3 October. Places will be offered on a first come first served basis. We will write to you to confirm that your son/daughter has successfully been allocated a space. If you do not hear from us, then unfortunately your son/daughter has been unsuccessful on this occasion.

Please select consent to give permission for your son/daughter to take part in this activity, once your consent has been received students will be notified of their place. Your support in this matter is greatly appreciated.

Yours sincerely

Mrs C Cox
Assistant Director of Physical Education
To: Mrs C Cox  
Re: YEAR 7 SWIMMING IMPROVER CLUB

Student Name  

Form & Teaching Group  

☐ Having read and understood the details of the visit as set out in the letter of 20 September 2018, I wish my son/daughter to participate in the Year 7 Swimming Improver Club.

☐ I acknowledge the need for my son/daughter to behave responsibly and agree to the School’s procedures in this respect. Although the staff of the School escorting the party will exercise due care and attention, I understand they cannot necessarily be held responsible for any loss, damage or injury, which may befall my child named above during or as a consequence of the journey and visit.

☐ I understand that upon return to School (where applicable) my son/daughter will no longer be under the authority of the School and my child is aware of the arrangements for getting home.

☐ I understand that I must notify the School office of any change in the medical condition of my son/daughter and of any change to the emergency contact telephone numbers provided below.

Emergency Tel No 1: ............................................

Emergency Tel No 2 ............................................

Parent Signature  ...........................................................................................................