Dear Parents,

It is exciting times here at Masada College and it is with great pleasure I wish to continue our very own swimming program which will take place in Term 2. This program is run by our Sport Department in conjunction with Rifkin Brothers Swimming it is subsidised by the school and will thus be of great value for your child. This program is suitable for children in Years K - 6.

**Term 2 - 2012:**
**Time:** 9am – 10am  
**Location:** Lane Cove Aquatic Centre – 25m Indoor Heated Pool

**Cost:** $75 per child to be charged to school fees. This cost includes:
- Enrolment for Term 2
- 9 sessions
- Discounted swimming camps in the holidays
- Weekly race practice
- A sense of belonging to a team and community values

This is a wonderful program that caters for swimmers of all levels, from beginners to advanced. I would highly encourage all to take part. Please do not hesitate to contact me if you have any questions.

Yours sincerely,

Tim Fischer  
**Sports Co-ordinator**  
School

Michelle Chaplin  
**Head of Junior**

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Senior School and Poppy Cottage Pre-School  
9 - 15 Link Road or P O Box 235  ST IVES NSW  2075  
Phone: (02) 9449 3744  
Fax: (02) 9144 3722

Junior School and Lindfield Pre-School  
15a Treatts Road or P O Box 336 LINDFIELD NSW  2070  
Phone: (02) 9416 8066  
Fax: (02) 9416 6520

Email: masada@masada.nsw.edu.au  
Member of the JCA Family of Communal Organisations  
Masada College ACN 000 544 758
PERMISSION SLIP

I hereby give permission for my child __________________________
of Year ______ to attend the Swim Squad sessions at Lane Cove Aquatic
Centre on the dates mentioned above.

I will be responsible for transporting my child to and from the swimming pool on
these days.

Please be aware that enrolment numbers are limited so please return the signed
form ASAP.

I authorise the teacher in charge of the excursion to consent, where it is
impracticable to communicate with me, to my child receiving such medical or
surgical treatment as may be deemed necessary. I will bear the cost of this
treatment.

Emergency Contact:

Name: __________________________
Phone No: _______________________

Parent/Guardian Signature: ______________________
Phone No: _______________________