Dear Parents,

Sunday Swimming Squads – Term 2

It is with great pleasure that I am writing to advise parents that Masada will continue our Swimming program in Term 2, 2013. This program is run by our Sport Department in conjunction with Rifkin Brothers Swimming. It is subsidised by the School and will be of great value for your child. This program is suitable for children in Years K – 6.

Please be aware that coaches are not in the water during lessons.

Term 2 2013 Dates

Start: May 5, 12, 19 & 26  June 2, 9, 16 & 23
Time: 9am – 11am Lesson times are graded with four 1/2 hour lessons (max 5 swimmers)
Squads for 1 hour graded lessons-
Session 1: 9am – 10am & Session 2: 10am – 11am (max 10 swimmers)
Location: Lane Cove Aquatic Centre – 25m Indoor Heated Pool

Cost: $120 per child to be charged to school fees. This cost includes:
• Enrolment for Term 2
• 8 sessions
• Swimmer Entry to Lane Cove Aquatic Centre ($6)
• Free Spectator Entry ($3)
• Weekly race practice
• A sense of belonging to a team and community values
• Groups and times will be posted on the school website after Week 1

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

Please note that parents will be responsible for transporting their child to and from the swimming pool on these days and remain present for the duration of the lessons.

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

Yours sincerely,

Tim Fischer
Sport Coordinator

Michelle Chaplin
Head of Junior School
Sunday Swimming Squads – Term 2
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: _______________________