

# KAPINARA PRIMARY SCHOOL

City Beach

Catesby Street, City Beach WA 6015

Ph: 9385 9022

[www.kapinaraps.wa.edu.au](http://www.kapinaraps.wa.edu.au)



*Kindness, Consideration  
and Service for Others*

## Kapinara Primary School Swim Squad

Years 4-6

- Dates** Thursday mornings 7.15am-8.15am, commencing Thursday 24<sup>th</sup> October and concluding Thursday 12<sup>th</sup> December 2019.
- Transport** Parents/Carers will need to drop off and pick up their child/children
- Venue** Bold Park Aquatic, The Boulevard, City Beach
- Staff** Miss Liz Burrows
- Cost** We envisage the cost to be approximately \$10 for the 8 week program. This cost will be added to your term account. This is for lane hire only, **students will need to pay pool entry at Bold Park prior to each session.**

Please note **consent forms must be received before students begin the program.** Forms must be received **by Tuesday 22 October 2019** in order to swim on Thursday 24 October. Forms need to be placed in the Sports drawer in the office.

Please direct any queries to Liz Burrows [Elizabeth.Burrows@education.wa.edu.au](mailto:Elizabeth.Burrows@education.wa.edu.au)



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### CONSENT FOR KAPINARA SWIM SQUAD Term 4 2019

Please place this form in the Sport drawer in the office

Student Year Level \_\_\_\_\_ Student Name \_\_\_\_\_ Swim Stage \_\_\_\_\_

I have read and understood the information regarding participation in Kapinara Swim Squad and verify the confidential details relating to my child's address, telephone number, doctor, medical details, allergies and medication are unchanged from the information provided to the school this year.

Where it is not practical to communicate with me, I authorise one of the teachers in charge to consent to my child receiving such medical treatment as may be considered necessary. I am aware that Department of Education insurance does not cover personal accidents through misadventure, nor loss of personal belongings.

*I give my consent for my child (above) to attend Kapinara Swim Squad sessions at Bold Park Aquatic on Thursday mornings throughout Term 4. I understand that I will need to provide transport for my child/children to attend Bold Park Aquatic.*

Parent/Carer Signature \_\_\_\_\_ Date \_\_\_\_\_