



Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property of impulsive, wilful or disobedient behaviour.

22 August 2017

Dear Parent/s,

Theodore Primary School is excited to be offering Year 2 students the opportunity to acquire essential life skills in water safety and survival through Royal Life Saving ACT.

This program has been flagged as a priority for all ACT Year 2 Students.

The ACT Education Directorate provides substantial funding for Year 2 students in ACT Public Schools to participate in the new Royal Life Saving ACT Aqua Safe program – a series of 10 practical and 5 theory lessons focussed on general water safety and personal aquatic survival skills. This targeted approach will ensure every participating student has the opportunity to access structured aquatic activities during primary school.

The cost of the program is \$50 per student. The lessons will be:

Date: 13th November to 24th November

Time: 12.10 returning at 1.10pm

To ensure your child's inclusion in this year's program, please enrol on line at www.royallifesavingact-enrol.com.au entering the registration code **AS1225THE17**.

If you do not have access to a computer please phone Rose to arrange a hard copy or time to come in and use facility at school. Payment is to be made on line while registering your child if you would like to have a payment plan please discuss options with Rose . Payment and registration is to be completed by 30 October 2017

Sincerely

**Corinne Follett
Junior Executive**

Permission Note

I give permission for my child

in classto attend the Water Safety and Survival from 13-24 November.

Does your child have any medical condition that may affect him/her on this excursion?

I have read the attached information regarding this excursion and understand what it contains.

FULL NAME OF PARENT / GUARDIAN

..... (Please print)

SIGNATURE OF PARENT/GUARDIAN

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CONTACT PHONE NUMBER OF PARENT ON DAY OF EXCURSION:

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