



SWIMMING GRADING DAY

Friday 16th February 2024 at AUT MILLENNIUM

Date: Monday 5th February 2024

Dear Parents / Caregivers,

Our annual APS Swimming Sports Day will be held on Friday the 23th of February. However, to ensure that the students are able to swim the events at a competitive level, we will be holding a **session to grade the swimmers** on Friday, February the 16th. Your child will need to be 8 years of age as of the 15th of March 2024 to be able to participate.

The **grading session** will be held on **Friday the 16th of February** at the AUT Millennium Centre swimming pool from **10:00am to 12:00pm**. Please note that this grading session is purely to **ascertain your child's swimming ability** to cope with events at our Albany Swimming Sports Day, **NOT for Inter-school selection**.

We will need parent help to transport and supervise children on the day. If you are able to provide this assistance you are required to hold a current NZ drivers licence, registration and warrant. Please complete the attached Private Car Volunteer form. If you are providing transport on Friday 16th February you will receive confirmation if your help is required by **Monday 12th February**.

Please complete the attached form regarding your child's water confidence / swimming ability. Children will need to bring their togs, **goggles, swim cap**, 2x towels, a drink of water, lunch, school sweatshirt and wear their school uniform and shoes.

Please return the required form to Area 24 (Mrs Rousseau) or Area 25 (Mrs Lagerwall) **by Friday the 9th of February**. If you have any concerns or questions, please do not hesitate to contact us at arousseau@albany.school.nz or dlagerwall@albany.school.nz

Thank you for your co-operation and time.

Kind regards,

Adri Rousseau and Desirae Lagerwall

Swimming Grading Day Session - 16th February 2024

Please write clearly and make sure you have completed every section

Name: _____ Area: _____ would like to attend the grading day on Friday 16th February

☐ I have completed, signed and attached the Swimming Consent form.

I am/ am not able to provide transport on the 16th of February. (Please circle one)

My child uses a booster seat and I will provide one on the day Yes No **(Please circle Yes or No)**

☐ I give permission for my child to travel with another school parent or teacher by private car.

☐ If providing transport, I have completed, signed and attached the Private Car Volunteer form.

Medical Conditions I need to be aware of: _____ and how to administer medication if required _____

Signed: _____ Name: _____

Email Address: _____

Emergency Contact number on February the 16th : _____

Swimming Consent Form

Even with this consent, group leaders must check the student's swimming ability.

Student's name: _____ Area: _____

		Yes	No	Don't know
1.	Can your child freestyle at least 25 metres confidently?			
2.	Is your child water confident in a pool?			
3.	Is your child confident in deep water?			
4.	Can your child tread water?			
5.	Can your child survival float?			
6.	What swimming strokes can your child confidently swim?			
7.	Is your child safety conscious in and around water?			
I agree to my child taking part in this event.				
I agree to any emergency treatment required by my child during this event.				
My child is in good health and fit to participate.				
Parent's name: _____				
Signature: _____ Date: _____				

I agree to my child taking part in this EOTC event and have received sufficient information on which to base a decision. I agree to their participation in the activities described and I acknowledge the need for them to behave responsibly. I understand that the school will identify any reasonable foreseeable risks and hazards, and implement effective management procedures to eliminate or minimise these. My child and I both understand that they may withdraw from an activity if they feel unsafe. This must be done in consultation with the person in charge.

Private Car Volunteer Form

Event: APS Swimming Grading Day Date: 16th February 2024

Please write clearly and make sure you have completed every section

Dear Parent/Caregiver

Thank you for offering to take children in your vehicle to an event. Please complete this form and return it to us ASAP.

- I can provide seat belted transport for _____ children (no lap belts please).
- I confirm that the vehicle that I will be using has a current warrant of fitness and is registered
- I can confirm that I hold a current full driver's licence and will be the driver of the vehicle.

I will ensure that children:

- o Will use seatbelts and identified children will sit on car booster seats.
- o Will get out of the car on the footpath side.
- o Will be seated in a seat without an airbag (if my own child I will use my discretion)
- o Will not travel in the rear of a station wagon.
- o Will not sit in the front seat of a vehicle fitted with airbags.

I will:

- o Supervise the children until they re-join their group.
- o Go to the arranged meeting point
- o Follow the expected route and keep in contact with the trip leader if delays occur
- o Not provide food or drink for any of the children in my care.

Parent's name: _____ Mobile Phone: _____

Email Address: _____

Car registration Number: _____

Parent's signature: _____ Date: _____

Child's name: _____ Area: _____

Please return to Area 24 (Mrs Rousseau) or Area 25 (Mrs Lagerwall) by Friday 9th February.

Trip Organiser: Mrs A Rousseau and Mrs D Lagerwall