



JANUARY HOLIDAY SWIMMING PROGRAM

WEEK 1 - Monday 16th to Friday 20th JANUARY 2012

WEEK 2 – Monday 23rd, Tuesday 24th, Wednesday 25th & Friday 27th

A swimming program will be conducted in the school pool between **9.00 am to 10.00 am and 10am to 11am** during the week of **Monday 12th December to Friday 16th December and Monday 23rd, Tuesday 24th, Wednesday 25th and Friday 26th (Please note Public Holiday Thursday 26th January).**

Qualified staff from the Blue Fin Swim School will conduct this program. The Blue Fin Swim School has been established for over twenty years and has been teaching at St Michael's since the pool opened in 1995. One of the most significant features of the Blue Fin swimming program is its commitment to excellence in technique and skill acquisition. All Blue Fin teachers have undergone training through, and are accredited by, AUSTSWIM and/or Swimming Australia and undergo 'Working with Children' checks before appointment. The program is open to students who are beginners, improvers or competent swimmers who require stroke correction. Swimmers will be assessed into ability groups prior to commencement of the program.

The cost of the **WEEK 1** Holiday Swimming Program is **\$110.00 for 5 x 1** hour lessons.

The cost of the **WEEK 2** Holiday Swimming Program is **\$88.00 for 4 x 1** hour lessons.

If you wish your son/daughter to participate in the swimming program please complete the section below and return it to the Blue Fin Swim School together with your payment. **The closing date for enrolments is Monday 9th January, 2011.**

Payments are to be made to the **Blue Fin Swim School**, 75/85 Rouse Street, Port Melbourne 3207, either by EFT, cash to Mrs Michelle Laidlaw, or by cheque. Telephone 9646 6117 .**EFT payments can be made to: Blue Fin Swim School, Westpac Banking Corporation, BSB: 033-018, Account Number: 271-889.**

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I wish my daughter/son: _____ in year _____

Signature of Parent/Guardian: _____ Date: _____

Name of parent /guardian: _____
(please print)

Address: _____

Telephone: _____ Email _____

Medical Details - Does the participant have any conditions which may affect their involvement in swimming lessons?
Eg. Allergies, asthma, diabetes, epilepsy, hyperactivity, physical disability, learning difficulties etc
NO YES If yes, please provide details below