

KOTARA HIGH SCHOOL

Merewether Beach Activities

PERMISSION NOTE



Please return this note when paying bus fare to the Front Office and prior to the sport commencing.

The Kotara High School Sports Program offers its students a variety of activities, some of which require leaving the school grounds. Parental permission is required when leaving the school to firstly participate in BEACH/WATER BASED activity and secondly for the bus travel involved.

Students will be walking in the local environment at the beach and must ensure they wear the correct footwear and follow all safety instructions and pedestrian rules.

Students are not permitted to swim in the surf or baths in this activity unless instructed by teachers in advance. They are permitted to play beach activities such as totem tennis, beach soccer, walking and volleyball.

To the best of my knowledge my child has no medical condition, disability or injury which puts him/her at risk in participating in this activity. (NB: if there is please put relevant information on the bottom of this note and inform the supervising teacher). All relevant medical information regarding my child has been submitted to the Front Office at the school.

In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child might require.

I give my Son/Daughter _____ of Year _____ permission to participate in Swimming at the Baths for Term 1 2022. This also includes permission to catch the bus to the venue.

I am also prepared to pay the \$30 bus fare by the first week of sport.

Please tick the appropriate box – For emergencies and if weather permits a swim.

- ☐ My child is **permitted** to go in the water
- ☐ My child is **not permitted** to go in the water

AND

- ☐ my child is **able** to swim 50m of freestyle unaided
- ☐ my child is **unable** to swim 50m of freestyle unaided

Please note - Students nominated by their parent/caregiver on this form as a non-swimmer will not be allowed in deep water and will not have to do the water survival challenge.

Parent/Guardian signature _____ Date _____

Medical Conditions: _____

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