Phil Braimbridge Fiona Kelly Phys Ed teacher Principal	Start accompanying students on excursions will take air reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Parents/guardians 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. Costs incurred as a result of accident or illness are the responsibility of the parent/ guardian. Parents are required to inform the organisers well before the scheduled excursion departure of any change to their child's health and fitness so that appropriate supervision may be arranged. Where it is considered necessary, school staff will arrange medical assessment and treatment for students.	SUPERVISION: Phil Braimbridge	DRESS: Swimming attire, goggles and swimming cap.	COST: Participants pay their own pool entry.	TRANSPORT: Parents and caregivers are responsible for transporting their child/children to and from Beatty Park each morning	TIME: 7:20am – 8.20 am	Every Tuesday and Thursday morning. Dates are on the Live Calendar.	DATES: Tuesday 18 February – Thursday 12 March	VENUE: Beatty Park Leisure Centre	ants, , West Leederville Primary School will be offering before school, , West Leederville Primary School will be offering before school, ark. The training will be run on Tuesdays and Fridays by PE tea ige. These sessions will help us to achieve our whole-school ta fitness and sporting performance. It will also provide students or the swimming carnival. Students will need to be transported h morning by parents or caregivers and the cost of pool entry is from swimming Level 8 and up are welcome to attend. There a be at 7.20am. The dates are below.
	Signature of par	Child's name: Teacher:	Beatty Park on and give my consent for my son/daughter to attend.	I have read and understood the information regarding the before school swimming training at	g their child/children WLPS SWIMMING SQUAD CONSENT FORM 2020			Signature: Date: Date:	Expiry date Amount	