Dear Parents/Guardians

Saints Swim Club has commenced for 2015 and is the perfect opportunity for your children to have fun and keep fit. The Senior Squad includes Years 7 to 12 (Year 7 students move to the Senior Squad in Term 2). The Junior Squad includes Years 3 to 6 (Year 3 students will be offered the opportunity to join in Term 2).

Students must be in swimming Stage 6 or above and also be assessed by a Saints Swim Club coach prior to joining. If required students may be asked to provide a copy of their latest swimming certificate.

Swimming sessions are as follows:

- **Senior Squad**
  - Monday: 6.45am to 7.45am (Monday afternoons during Term 1)
  - Friday: 3.30pm to 4.30pm
- **Junior Squad**
  - Monday: 3.30pm to 4.30pm
  - Friday: 3.30pm to 4.30pm

PLEASE NOTE Coaches are only responsible for students during training session times.

If your son or daughter would like to join Saints Swim Club the fees per family are:
- 1 child: $50 per year
- 2 children: $80 per year
- 3 or more children: $100 per year

Fees are due by the end of Term 1 (except Year 3 students who can pay in Term 2). Please return your payment along with the completed member/payment slip in an envelope and place in the Saints Swim Club Box at the College office. PLEASE DO NOT hand money in without forms OR hand payments to Swim Coaches. Receipts will be issued to swimmers by the Swim Club Committee.

All swimmers must have a Kit Bag (purchased from Saints Swim Club only) each swimmer must have a pair of fins and goggles (to be purchased by parents/swimmers).

Throughout the year we may need volunteers to assist with our time trials, windups and Smally’s Swim for Charity. It is only a few times a year and the extra help is greatly needed and appreciated.

To help with running the Swim Club and trying to make contact with parents easier, this year we need your email address and also MOBILE phone number. In the past it has been very difficult for coaches and committee to contact parents when needed, so this year these contacts must be provided.

We look forward to seeing you in the pool in 2015.

Many Thanks

Saints Swim Club Committee
SAINTS SWIM CLUB
MEMBERSHIP FORM 2015

PLEASE place this form with payment in an envelope into the Saints Swim Club box at the College Office.

Childs Name: ________________ Swim Level: ______
Childs Name: ________________ Swim Level: ______
Childs Name: ________________ Swim Level: ______
Childs Name: ________________ Swim Level: ______

Amount enclosed $________________

1 child $50 per year
2 children $80 per year
3 or more children $100 per year

My Child/ren will need a Swim Kit Bag Yes / No

Number Required ______

**Kit bags are $25 and are subsidized by the club, they include a kick board, pull bouy and mesh bag.
Swimmers provide their own goggles and fins**

Parent email address: ______________________________

Parent Mobile number: ______________________________

Parent Names: ___________________________________

SAINTS SWIM CLUB PERMISSION SLIP 2015

Student Name: _________________________________

I give permission for my child/children to attend Saints Swim Club for 2015 ☐

I understand they will/maybe transported by Bus at certain times throughout 2015 ☐

I understand the nature of the activities to be undertaken ☐

Parent Name: __________________ Parent Signature: ______________ Date: ___________
SAINTS SWIM CLUB

MEDICAL REPORT FORM

This confidential report is intended to assist the club and supervising coaches in case of any emergency with your child.

(PLEASE PRINT ALL DETAILS)

NAME OF ACTIVITY: ____________________________

PERSONAL DETAILS
Child’s Name: ____________________________ Date of Birth: __________
Parent’s/Guardian full name: ____________________________
Address: __________________________________________ Postcode: __________
Emergency telephone: ____________________________ Home: __________ Business hours: __________
Mobile: __________

Name of family doctor ____________________________ Telephone: __________
Medicare number: ____________________________ Medical / hospital insurance: ____________________________

MEDICAL DETAILS
Does your child suffer from any medical illness? (including Allergies) if so please state.
Other (please provide adequate information) __________________________________________

Tablets and medicines
Is your child presently taking any medication? If YES, please state name of medicine, dosage and any possible side effects. __________________________________________

CONSENT TO MEDICAL ATTENTION WHILE AT SWIM CLUB

Where it is not practical to communicate with me, I authorise the coach in charge to consent to my child receiving such medical treatment / calling ambulance as may be considered necessary and agree to meet any expenses, or costs incurred.

Signed ____________________________ Date __________
Parent/Guardian

(This signed consent is required for ALL children attending Saints Swim Club)

* Please advise Saints Swim Club, PRIOR to Swim Club of any changes to CURRENT illness or condition.

Saints Swim Club c/- Saint Josephs College
Martin Road, Albany WA 6330
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