



Canberra High School  
— ESTABLISHED 1938 —

## Year 9 Activities Day

Dear Parents and Carers,

The following details relate to an excursion to Canberra Olympic Pool (Civic Pool) which is being organised for all Year 9 students to celebrate the end of the year. Students are to make their own way to and from the pool. They will undergo a swimming proficiency test on arrival. Students are required to return their permission note, medical information, and entry cost to the front office by Wednesday 8<sup>th</sup> December (week 10).

### **IMPORTANT INFORMATION:**

**Event:** Year 9 End of Year Activities Day  
**Venue:** Civic Pool, Constitution Ave & Allara St, Canberra ACT 2601  
**Date:** 13/12/2021  
**Time:** 9:00- 2:30  
**Transport:** Own way to and from the venue  
**Cost:** \$10

The cost includes pool entry, hire, inflatable fun run and a sausage sizzle lunch.

**Food:** Sausage sizzle lunch is provided. There will be canteen facilities (cash and card payments available). Please provide any dietary requirements on the permission note form.

**Clothing:** Swimmers, hat, sunscreen, sun-protection clothing, drink bottle.

**Valuables:** Please leave your valuables at home. Anything taken will be done so at your own risk.

- *The school has made every effort to keep cost for this activity at a responsible level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.*
- *Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.*
- *Parents 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. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful, or disobedient behaviour.*

Kind Regards

Laura Gibbs and David Crowe-Beveridge

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# Year 9 Activities Day

## Permission for Swimming Activities

Teachers are required to assess the swimming ability of every child they take on an excursion where there is water for swimming or aquatic activities. This is called the **Survival Challenge Proficiency Test**. As a part of this assessment and to help ensure the safety of your child, please provide the following information:

1. **Name of Child:** \_\_\_\_\_

2. **School Year:** \_\_\_\_\_

3. **My child can swim:**  No  
 Yes

4. **Distance my child can confidently swim. Please circle.**

10m, 25m, 50m, 100m

5. **I agree/do not agree to my child taking part in swimming / aquatic activities associated with this excursion.**

Name of Parent / Carer: (*please print*) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The **Survival Challenge Proficiency Test** is a five step process. A student will be deemed a proficient swimmer if they can:

1. Perform a slide-in-entry and walk through 5 metres of water with acceptable stability and co-ordination
2. Swim continuously for 25 metres using an action that resembles a stroke
3. Perform survival skull, float or tread water for 1 minute in deep water. Call for help once within the minute
4. Exit water unassisted, and
5. Perform a voice rescue to a buddy who is pretending to be in trouble. Reassure the victim and encourage them to a point of safety. Call for assistance.

# Year 9 Activities Day

I give permission for my child \_\_\_\_\_ to attend **Canberra Olympic Pool** on **13/12/21** making their own way to the pool where they will undergo a swimming proficiency test.

I enclose **\$10**

**Medical notes that were received by the school at the beginning of the year will cover this excursion. Please inform the school of any changes to your child's medical note.**

Code of conduct and Parental agreement:

- *Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities. Unacceptable behaviour will be treated as it is normally treated at school, (reminders, time out in a designated spot, and exclusion from an activity) but with the additional factor that the student may be returned to school should the behaviour be extreme or overly persistent.*
- *Parents 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. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful, or disobedient behaviour.*
- ***I agree to my child participating in the swimming/aquatic activities mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child's attending this event.***
- *I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency. I agree to provide any relevant medical information to the school to the excursion.*
- Name of Parent / Carer: (please print) \_\_\_\_\_
- Signature: \_\_\_\_\_
- Date: \_\_\_\_\_

*The school has made every effort to keep cost for this activity at a responsible level. We have an equity fund which can be used to provide financial assistance for students where parents are unable to make the requested contribution.*

*Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.*

**This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Education and Training Directorate.**

# Year 9 Activities Day

## PAYMENT OPTIONS

1. **You can make a payment in person** at the school Mon – Fri between 8:15 am & 2:30 pm.

2. **Canberra High School Website:** [www.canberrahs.act.edu.au](http://www.canberrahs.act.edu.au)  
(QUICKWEB) Use payment code EOY9

3. **Phone Payments** – Credit cards Phone: 61420800 or 61420809

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Please debit my  Mastercard  Visa

Card Number:     -     -     -

Card Expiry Date: \_\_\_\_\_ Name on card: \_\_\_\_\_

Parent/Carer: \_\_\_\_\_ Student Name: \_\_\_\_\_

Total Amount Paid: \$ \_\_\_\_\_

Cardholders Signature: \_\_\_\_\_

Contact Phone number of Cardholder: \_\_\_\_\_