

16<sup>th</sup> January 2017

Dear Parent/Carer

### **GCSE PE: Swimming/Personal Survival**

As part of the GCSE practical PE course we would like to offer Swimming / Personal Survival outside of school as a practical option. These sessions will take place at Francis Scaife Leisure Centre on Monday evenings for 5 weeks, beginning 8<sup>th</sup> March 2017. The sessions will run from 4:00- 5:00pm. Pupils have the opportunity to be assessed for both swimming and personal survival if they so wish. Generally, pupils are able to score highly in the personal survival assessment.

Pupils will be required to pay their own entry into the swimming pool, which is £2.70 per session for members. If your child is not a member they will need to fill out a form to access the junior rate.

Please note that for Personal Survival, pupils are required to swim in 2 long sleeved tops and trousers, as well as their swimming costumes/shorts. Leggings/Pyjamas are not acceptable.

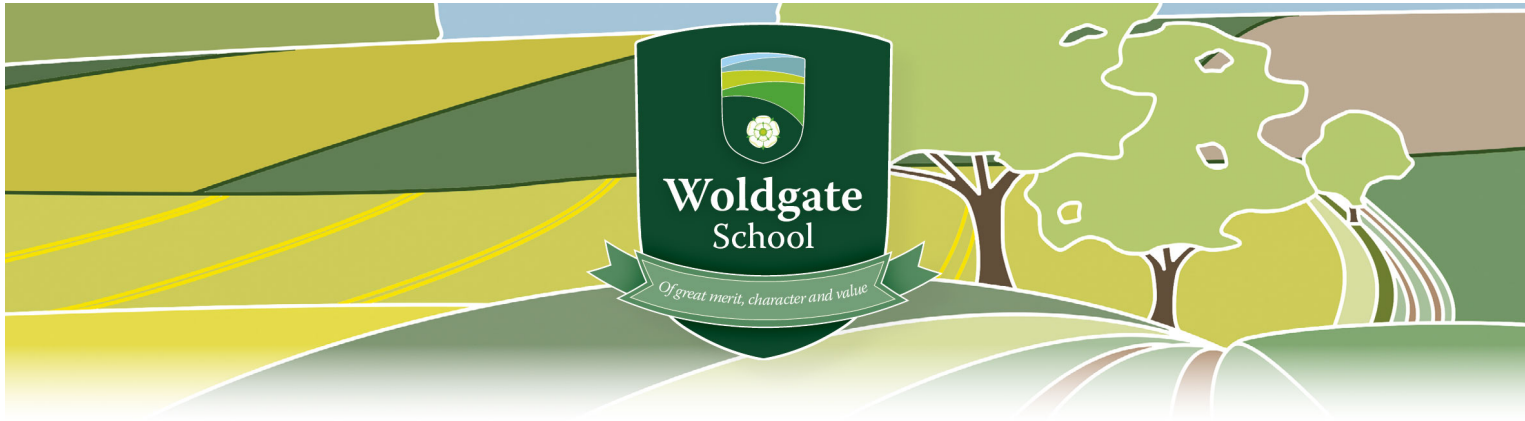
By signing the letter you are providing consent for your child to walk to Francis Scaife Leisure Centre after finishing period 5 at Woldgate. Woldgate PE staff will meet the pupils at the pool. To maintain their safety after the sessions, please state from the list below how your child is going to get home from Francis Scaife on these occasions.

Also, please state any medical issues that your child may have and provide an emergency telephone number. The reply slip should be returned to the main office or PE office (E8).

Places are limited and will be allocated to those pupils who return their slips promptly. Please note that we can only offer this option if we have a minimum of 8 pupils signed up.

Yours sincerely

**Mrs C Fox-Nicholls**  
**Head of PE**



**REPLY SLIP**

**Personal Survival at Francis Scaife Leisure Centre – commencing 8<sup>th</sup> March 2017**

*To be returned to the PE Office*

I give permission for ..... (Pupil name) ..... (Form)

to take part in the GCSE PE Personal Survival sessions at Francis Scaife Leisure Centre after school from 8<sup>th</sup> March 2017.

I accept full responsibility for my child taking part in these sessions and in the event of an accident emergency can be contacted on the following number.

Emergency contact telephone number(s)

.....

Please provide any relevant information regarding medical conditions and medication

.....

.....

I confirm my child's arrangements to return home are as follows:

- Walking home
- Collection by parent/carer

Signed.....(Parent/Guardian) Date.....