



2011 Swimming Camp Permission, Medical & Payment

Thursday 27 January – Friday 28 January 2011

NAME : _____

FORM: _____

Please complete the details enclosed.
Please hand in this booklet and the
payment by
Friday 26 November 2010



IONA SWIMMING CAMP 2010

INFORMATION AND PERMISSION SLIP

The Swimming camp will give the girls the opportunity to participate and train over an intensive time frame with their peers and specialist coaches as well as compete in a competitive environment.

It is hoped that all girls will be able to attend all or at least some of the sessions.

With this in mind, I would ask you to please **complete the permission slip and medical information** which also includes a parent/guardian permission section, and then return it to Mrs Sue Wiener before **Friday 26 November 2010** with the Medical Consent Form and your payment of \$35.00. Please keep the coloured loose page for your own information.

Lastly, we are always so very grateful to the parents who willingly give up their time to support their daughter and assist with the college activities. For the camp to run effectively and efficiently, we would love some assistance from parents eg., preparing meals, serving meals, donations of food, etc, staying overnight and even training with the squad.

If you can help in any way, please indicate below and many thanks for your assistance.

I know the girls are really looking forward to the camp, as we are.

Sue Wiener

Director of Sport

swiener@iona.wa.edu.au

Mobile: 0407 987 111



Iona Presentation College – Swimming Camp 2011

SWIMMING CAMP PERMISSION SLIP

I give my permission for my daughter _____

Year _____ (in 2011) to attend the Iona Swimming Camp from on 27 & 28 January 2011

I enclose \$35 to cover the cost of the camp. **YES / NO** (Please Circle)

I am able to assist with: (Please tick)

- ☐ Donation of Fruit ☐ Donation of Juice ☐ Donation of Slice ☐ Donation of cake
☐ Donation of savoury ☐ Assist in preparing Meals ☐ Can stay overnight

My contact details are _____
Name

Ph/Mob _____

Parent Signature _____

Date _____



Iona Presentation College

MEDICAL INFORMATION FORM (To be completed by Parent/Guardian)

Name of Student:			
Name of Parent(s)/Guardian(s):			
Home Address:			
Telephone	Home:	Work:	Mobile:
Email:		Facsimile:	
Emergency Contact <i>Please note: This contact should be available at the time of the camp.. If you plan to go on holidays elsewhere, please provide alternative contacts.</i>		Name:	
		Address:	
		Relationship to student:	
		Telephone numbers:	

Medicare Details

Medicare Number		Expiry date	Private fund: Y / N
Name of Fund		Membership Number	

Please tick (✓) if your daughter suffers from any of the following:

		Please detail and outline treatment especially in the instance of an emergency. Alternatively, attach a doctor's letter to this document.
Anaphylactic shock		
Asthma		
Bedwetting		
Blackouts		

Diabetes		
Dizzy Spells		
Epilepsy		
Heart/Lung condition		
Migraine		
Sleep walking		
Travel sickness		
Other		

Please tick (✓) if your daughter suffers from any of the following allergies:

		Please detail and outline treatment.
Penicillin		
Particular foods		
Bee stings		
Animals		
Other		

Special Dietary Requirements: _____

Please tick (✓) if your daughter takes medication for any of the following:

Depression		
Period Pain		
Iron Deficiency		
Other		

Please specify the date of the last injection for:

Tetanus immunization: _____

Please specify any further information that may affect your daughter's participation on the camp.

I, _____ (please print full name)

Declare that the above information includes all details that may affect my daughter's participation, and that the above information is true to the best of my knowledge and belief.

Signed _____ Date _____

I, parent/guardian of _____ hereby give the necessary consent for my daughter to participate in all planned activities and agree to delegate authority to Mrs Wiener to take whatever disciplinary action deemed necessary to ensure the safety and well-being of all individuals in the group and the successful conduct of the group.

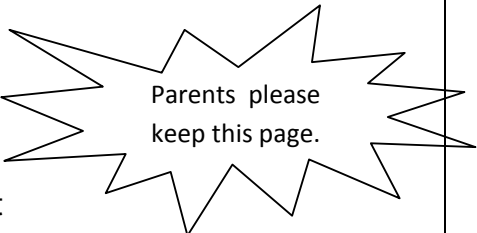
Further, I authorize Mrs Wiener to obtain medical assistance for my daughter should the need arise and agree to pay all medical expenses incurred in this regard. I submit the accompanying medical information about my daughter and agree to authorize qualified medical practitioners to administer anesthetic should the need arise.

Name: _____

Signed: _____ Date: _____

Information to be retained by teacher(s) accompanying the camp group

WHAT TO BRING



Parents please
keep this page.

IN THE CASE OF AN EMERGENCY, please contact

Mrs Sue Wiener on 0407 987 111

The following items should be brought to Swimming Camp:

Bathers x 2

Towel x 2

Swim Cap

Goggles

Tracksuit

Poolside slips ons/thongs

Exercise wear (beach & gym)

School cap / hat

Enclosed shoes/socks

Warm Clothing

Toiletries, inc deodorant, brush, comb etc.

Personal medication (staff to be notified via attached form)

Underwear

PJs

Pillow

Sleeping Bag

Towel for shower

Floor mat / mattress

Water Bottle

Sunscreen*

Mobile Phones, iPods or Cameras are optional but are your responsibility and must be put away after 10pm

***Donation of slice, cakes, biscuits and cordial/juice would be appreciated.
Thank you.***

PTO



Parents - please
keep this page.

Swimming Camp - Proposed Program (may be subject to change)

DATE: Thursday 27 January and Friday 28 January 2011

VENUE: Iona Sports Complex and will also include training and other activities at Challenge Stadium and Cottesloe Beach.

PROGRAM: (to be confirmed)



Thursday 27 January

11.00am	Arrive at College, briefing, settle in <ul style="list-style-type: none">Bags upstairs in foyer area (yr 11/12's in seminar room)
11:30am	Welcome/briefing/talk
Noon:	Lunch
1:15pm:	Depart for Training at Challenge Stadium (Hire/College bus) <ul style="list-style-type: none">Staff Attending: Mrs Kelly Parker, Miss Megan O'Leary, Mrs Sue Wiener
2.00pm – 4.00pm	Training in the indoor pool at Challenge
4:30pm:	Return to College
5:00pm - 6:00pm	Relax/ Massages
6:00pm - 7:00pm	Dinner/Clean up
6:45pm	Guest Speaker
7:00pm	Goal Setting / Swimming Video / Massages
8:00pm	Quiz Night/Celebrity Heads/ Movie in the Gym
11:00pm	Lights out

Friday 28 January

6:30am	Rise and shine!
6:45am	Depart for Cottesloe Beach (run/swim beach activities)
8:00am	Return to College
8:30am -9:30am	Breakfast/Clean up
10:00am - 12:30pm	Training at College Pool with Head Coach Chris Twomey and Guest Coaches. Emphasis on <u>dives</u> , starts, tumble turns, relays, sprinting. 30min rotations (11:00am morning tea)
12:30pm	Lunch/Clean up/Debrief
1:00pm	Depart College for Home.

Sue Wiener
Director of Sport

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