

BIDSTON AVENUE PRIMARY SCHOOL



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HEADTEACHER: Mr. S.G. Brady B.Ed. (Hons), NPQH, FCCT

9th June 2025

Dear Parent/Carer

Year 5&6 Swimming Lessons

Your child will be undertaking intensive school swimming lessons. The lessons will be every afternoon, starting on 23rd June 2025.

The aim of the lessons is to ensure that all children can swim 25 metres competently, swim using a range of strokes and perform self-rescue techniques by the end of the course.

Please be aware that The Safe Practice in Physical Education and School Sports states:-

- Swimwear should be suitable for purpose. For reasons of safety, swimwear should be sufficiently high fitting to allow freedom of body and limb movement without causing unsafe water resistance.
- Girls should wear one piece costumes and boys should wear swimming trunks. Long, loose fitting shorts are not acceptable.

If your child uses an inhaler, please ensure that they have an inhaler in school, so that it can be taken with them to the baths.

Please complete the attached permission slip and return it to your child's class teacher as soon as possible.

Yours sincerely

S.G. Brady
Headteacher

Twitter: @Bidstonavenue, @ictfunlearning, @BAPS_OnTheBall & @BAPS_PE





BIDSTON AVENUE PRIMARY SCHOOL

SCHOOL VISIT

Y5&6 Swimming Lessons

School visit to: **Guinea Gap Leisure Centre**

Date: 23rd June – 27th June

I agree to my son/daughter/ward

Full name: _____

Class: _____

taking part in the above mentioned visit and having read the letter, agree to his/her participation to any or all of the activities described. I acknowledge the need for obedience and responsible behaviour on his/her part. **Please ensure that if your child suffers with asthma that they take their inhaler with them on this trip.**

I understand that the teacher in charge of the party will be acting in loco parentis and in the event of an accident I agree to my son, daughter, ward receiving emergency medical treatment, which might include the use of anaesthetic and blood transfusions, as considered necessary by the medical authorities present.

I understand that Wirral Borough Council is insured in respect of its legal liabilities only and that there is no Personal Accident, or other cover, unless I have been advised specifically by the organiser.

Accidents may therefore arise for which the Council is not responsible. Parents/Carers may wish to obtain suitable insurance to cover such eventualities.

Signed: _____ Parent/Carer

Tel. No: _____ Date: _____

**PLEASE RETURN TO THE CLASS TEACHER AS SOON AS POSSIBLE.
IF THIS FORM IS NOT RETURNED PRIOR TO THE DATE OF THE TRIP YOUR CHILD WILL
NOT BE ABLE TO TAKE PART.**

