



6 February 2014

Come and Try Sailing (Years 3 -6)

**Sandy Bay Sailing Club
Mondays 3.40pm – 5.30pm
24 February, 3 March, 17 March and 24 March 2014**

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CRICOS No. 00476G
ABN 69 009 575 517

Dear Parents,

This term Fahan will again be offering sailing to students in Years 3 - 6. The program will be run over four afternoons and will allow girls to experience the fun of sailing. Experienced sailors from the Senior School will be helping the small dinghies (Pacers) allowing the younger girls to crew and enjoy the sensation of being in a boat.

I will be present at all times on the water in an inflatable rescue boat to allow support and guidance if required. I have had many years of sailing experience and am a qualified Yachting Australia Instructor, currently coordinator of the Sandy Bay Sailing Club Learn To Sail Program and hold a current First Aid Certificate.

Your daughter will require a wetsuit and a lifejacket, please send it along. However, if you do not own one, there are a few wetsuits and lifejackets available. Students who are onshore will be supervised by an adult at The Sandy Bay Sailing Club while waiting for their turn.

If you would like your daughter to be part of this program please complete the form attached. The program will be constructed within the above timeframes and adapted based on the numbers of girls that sign up. We are hoping it will be a 4 week program, with two groups per session eg. Group 1 from 3.40pm to 4.30pm and Group 2 from 4.40pm to 5.30pm (16 students per group).

If sailing is cancelled, girls will be notified and then allowed to contact their parents before the end of the school day. Please note that transportation to the sailing club is your responsibility.

Happy sailing,

Felicity Allison
Year One Teacher

REGISTRATION FORM
Fahan School Come and Try Sailing Program

Please register my ChildYear:

I give permission for my child to take part in the program. I understand that my child is to wear a life jacket at all times when on the water.

My child can swim 25m: **Yes** ☐ **No** ☐

Parent
Name:..... Phone:

Parent Signature Date:

Emergency contact:

Please detail any relevant medical information:

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