WAVERTON C P SCHOOL

Year 4 - Swimming Lessons at Christleton - Autumn Term 2025

| I/We would like my child wear swimr | ming goggles YES/NC | Childs Name: |
|---|-------------------------|---|
| Allergy: | | |
| | | |
| I/We take full responsibility for any a | ccident/incident that o | occurs related to the wearing of goggles. |
| Signed | Parent/Guardian | Date: |
| Print Name | . Parent/Guardian | |