

# 2<sup>nd</sup> Grade Water Safety Program

Garland ISD

Garland ISD Natatorium

2585 Firewheel Pkwy, Garland, TX 75040

(972)494-8588

**Mission Statement:** To develop swimming skills, to save lives by teaching participants about water safety, giving our students the tools to make good decisions in and around water while building champions in life.

In a nurturing environment, while challenging each student, swim coaches will test each student and group levels will be created. Each day there will be safety lessons. These safety lessons are based on the Red Cross Safety Program "Longfellow Whale Tales" and the main theme we want our students to come away with is "Do Your Part, Be Water Smart."

This program is 1 hour for 4 days. Students will be accompanied by their class room teacher and transported by school bus to the Garland ISD Natatorium. The center is located at 2585 Firewheel Pkwy, Garland, TX 75040.

Students are to furnish: swim apparel, hair ties, comb or brush if needed in a bag. Labeling these items and having a sweat shirt with a hood or hat is suggested on cold days. Wearing tight fitted clothes these days is not recommended.

Garland ISD will provide a latex cap for any participant upon request.

It is necessary that a parent or guardian approve the students' participation by completing the permission slip below and returning it to the Homeroom Teacher. **Please feel free to join us the last day of instruction in the observation stands. Only teachers and students are allowed in the locker rooms and pool deck.**

Date and time of Program: \_\_\_\_\_

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## Permission Form

Student participating in program \_\_\_\_\_

Homeroom Teacher \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_ HAS MY PERMISSION to participate in the Garland ISD "Water Safety Program"

\_\_\_\_ DOES NOT HAVE MY PERMISSION to participate in the Garland ISD "Water Safety Program"

PLEASE list any concerns or special needs that we should be aware of and medicine they will need to be brought by the homeroom teacher (ie. Asthma, Diabetes, etc.)

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Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_