



Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: _____

(Full Name PRINT BLOCK LETTERS)

Room Number: _____ permission to attend the Department of Education's Interm Swimming classes at _____

commencing on ____/____/____ and enclose payment of \$ _____. (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability*** that may affect his/her safety, or require the school to provide learning adjustment? ☐ No ☐ Yes (please provide further information if necessary) **

*Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

**If necessary please consult your Principal well in advance of lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary.

| Stage No | | |
|----------|-------------------------|-------------------------------------|
| 1 | Beginner | 8 Water/Surf Wise |
| 2 | Water/Surf Discovery | 9 Senior |
| 3 | Preliminary | 10 Jnr Swim & Survive/Surf Stage 10 |
| 4 | Water/Surf Introduction | 11 Swim & Survive/Surf Stage 11 |
| 5 | Water/Surf Safe | 12 Snr Swim & Survive/Surf Stage 12 |
| 6 | Junior | 13 Wade Rescue/Surf Stage 13 |
| 7 | Intermediate | 14 Accompanied Rescue/Surf Stage 14 |
| | | 15 Bronze Star (pool only) |

My child is going for Stage number:

☐

Unsure - please grade:

☐

My child has attempted this 'going for' stage three times in Department of Education classes without passing. Please attach copies of last three Department of Education certificates.

☐

Signature: _____ Parent daytime phone number: _____ Date: _____

(Parent/Guardian)

Interm Swimming Enrolment Form V2, Sep 15



Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: _____

(Full Name PRINT BLOCK LETTERS)

Room Number: _____ permission to attend the Department of Education's Interm Swimming classes at _____

commencing on ____/____/____ and enclose payment of \$ _____. (Lessons for Government schools are free. Payment is for transport and pool entry)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability*** that may affect his/her safety, or require the school to provide learning adjustment? ☐ No ☐ Yes (please provide further information if necessary) **

*Swimming staff cannot take responsibility for medical conditions or diagnosed disabilities that are not listed on the returned form.

**If necessary please consult your Principal well in advance of lessons to discuss appropriate learning adjustments.

Please list and provide details of medication currently being taken if applicable:

I agree to inform the organisers before the scheduled departure of any change to my child's health and fitness. Where it is not practical to communicate with me, I authorise the school staff to consent to my child receiving such medical treatment as considered necessary.

| Stage No | | |
|----------|-------------------------|-------------------------------------|
| 1 | Beginner | 8 Water/Surf Wise |
| 2 | Water/Surf Discovery | 9 Senior |
| 3 | Preliminary | 10 Jnr Swim & Survive/Surf Stage 10 |
| 4 | Water/Surf Introduction | 11 Swim & Survive/Surf Stage 11 |
| 5 | Water/Surf Safe | 12 Snr Swim & Survive/Surf Stage 12 |
| 6 | Junior | 13 Wade Rescue/Surf Stage 13 |
| 7 | Intermediate | 14 Accompanied Rescue/Surf Stage 14 |
| | | 15 Bronze Star (pool only) |

My child is going for Stage number:

☐

Unsure - please grade:

☐

My child has attempted this 'going for' stage three times in Department of Education classes without passing. Please attach copies of last three Department of Education certificates.

☐

Signature: _____ Parent daytime phone number: _____ Date: _____

(Parent/Guardian)