



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 Department of Education's Interm Swimming classes at _____

Commencing on ____ / ____ / ____ Enclosed is 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 below if necessary**

Please provide details of medication currently being taken (if applicable): _____

Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g previous incidents in water related activities) **IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL**

**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 swimming lessons to discuss appropriate learning adjustments.*

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 Number	
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 (3) Department of Education certificates.**

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)