



Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: _____

(Full Name PRINT BLOCKLETTERS)

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 |
| 2 | Water/Surf Discovery |
| 3 | Preliminary |
| 4 | Water/Surf Introduction |
| 5 | Water/Surf Safe |
| 6 | Junior |
| 7 | Intermediate |
| 8 | Water/Surf Wise |
| 9 | Senior |
| 10 | Jnr Swim & Survive/Surf Stage 10 |
| 11 | Swim & Survive/Surf Stage 11 |
| 12 | Snr Swim & Survive/Surf Stage 12 |
| 13 | Wade Rescue/Surf Stage 13 |
| 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)

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