

# INTERM SWIMMING ENROLMENT FORM



## TO BE COMPLETED BY PARENT:

I give my child \_\_\_\_\_ Age: \_\_\_\_\_ Room number: \_\_\_\_\_  
(Full Name PRINT BLOCK LETTERS)

permission to attend Interm swimming classes at Albany Leisure & Aquatic Centre commencing on 29/06/2015 and have paid the sum of \$ \_\_\_\_\_ via Cash Cheque EFTPOS Direct Deposit

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other condition or disability\*** that may affect his/her safety? No Yes Please list and provide details of medication currently being taken if applicable.

*Unless such conditions are listed and the form returned, Swimming Staff can not take responsibility for medical conditions of which they are unaware.*

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 teachers to consent to my child receiving such medical treatment as may be considered necessary.

School: Little Grove Primary School

Stage No:		
	7	Intermediate
1	Beginner	8 Water/Surf Wise
2	Water/Surf Discovery	9 Senior
3	Preliminary	10 Jnr Swim & Survive
4	Water/Surf Introduction	11 Swim & Survive
5	Water/Surf Safe	12 Snr Swim & Survive
6	Junior	12+ Adv Swim & Survive

My child is going for Stage No:

Unsure, please grade:

My child has attempted this 'going for' stage three times in Department of Education and Training classes without passing

Parent Contact Phone No.: \_\_\_\_\_ (Day Time)

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_