

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
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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