INTERM SWIMMING ENROLMENT FORM

Date: ______________________________

TO BE COMPLETED BY PARENT:

I give my child ________________________________  Age: ____________ School: St. Bernadette’s Catholic PS

Year: _____________ permission to attend the Department of Education’s Interm Swimming classes at AQUA JETTY SWIMMING POOL, WARNBRO commencing on 12th September and concluding on 22nd September 2016.

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)**

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* NB: SWIMMING STAFF CAN NOT TAKE RESPONSIBILITY FOR MEDICAL CONDITIONS OR DIAGNOSED DISABILITIES THAT ARE NOT LISTED ON THE RETURNED FORM.

**NB: IF NECESSARY PLEASE CONSULT YOUR INSTRUCTOR IN ADVANCE OF LESSON TO DISCUSS APPROPRIATE LEARNING ADJUSTMENTS.

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

>MY CHILD IS GOING FOR STAGE NO:

>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 certificates.

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
11. Swim & Survive
12. Snr Swim & Survive
12+. Adv Swim & Survive

Signature: ________________________________  Parent Daytime Contact Phone Number: _________________________