



### 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		8	Water/Surf Wise
1	Beginner	9	Senior
2	Water/Surf Discovery	10	Jnr Swim & Survive/Surf Stage 10
3	Preliminary	11	Swim & Survive/Surf Stage 11
4	Water/Surf Introduction	12	Snr Swim & Survive/Surf Stage 12
5	Water/Surf Safe	13	Wade Rescue/Surf Stage 13
6	Junior	14	Accompanied Rescue/Surf Stage 14
7	Intermediate	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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