



**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 \$ \_\_\_\_\_.

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) \*\*

\*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 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.

<b>Stage No:</b>	<b>7</b>	<b>Intermediate</b>
<b>1</b>	<b>Beginner</b>	<b>8</b>
<b>2</b>	<b>Water/Surf Discovery</b>	<b>9</b>
<b>3</b>	<b>Preliminary</b>	<b>10</b>
<b>4</b>	<b>Water/Surf Introduction</b>	<b>11</b>
<b>5</b>	<b>Water/Surf Safe</b>	<b>12</b>
<b>6</b>	<b>Junior</b>	<b>12+</b>
		<b>Adv Swim &amp; Survive</b>

**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 Department of Education certificates.**

Signature \_\_\_\_\_ Parent Daytime Contact Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)