



Interm Swimming ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age: _____ School: South Coast Baptist College
(Full Name PRINT BLOCK LETTERS)

Room Number: _____ permission to attend the Department of Education's Interm Swimming classes at _____
commencing on 06/02/2019 and enclose payment of \$ Nil.

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.

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 classes without passing. **Please attach copies of last three Department of Education certificates.**

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