



BELMAY PRIMARY SCHOOL
INTERM SWIMMING ENROLMENT FORM 2016

To be completed by parent/guardian:

I give my child _____ permission to attend Interm Swimming
(Full Name PRINT BLOCK LETTERS)
classes at Belmont Oasis Leisure Centre commencing on **Wednesday March 30th** and
finishing on **Friday April 8th**.

Total cost for transport and pool entry is **\$35**.

Please return payment together with enrolment form in envelope provided and place in
collections box located outside of the administration area. Envelopes must be returned **on or
before Friday March 18th**.

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or **any other
condition** that may affect his/her safety?

NO YES

Please list and provide details of medication currently being taken if applicable and ensure
that any medication accompanies your child to the pool if necessary.

***Unless such conditions are listed and the form returned, Swimming Staff can not take responsibility for
medical conditions if which they are unaware.***

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
teachers to consent to my child receiving such medical treatment as may be considered
necessary.

Child's name: _____ Age: _____ Room No: _____

Parent Contact No: _____
(Day time)

<p>Stage No:</p> <ol style="list-style-type: none"> 1. Beginner 2. Water/Surf Discovery 3. Preliminary 4. Water/Surf Introduction 5. Water/Surf Safe 6. Junior 	<ol style="list-style-type: none"> 7. Intermediate 8. Water/Surf Wise 9. Senior 10. Junior Swim & Survive 11. Swim and Survive 12. Senior Swim and Survive 12+ Adv Swim & Survive
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My child is going for stage No: Unsure, please grade

My child has attempted this '**going for**' stage three times in Department of Education and
Training classes without passing.

Signature _____ Date ____/____/2016
(Parent/ Guardian)