



BELMAY PRIMARY SCHOOL
INTERM SWIMMING ENROLMENT FORM 2019

To be completed by parent/guardian:

I give my child \_\_\_\_\_ Room \_\_\_\_\_ permission to attend Interm
Swimming Classes at Belmont Oasis Leisure Centre commencing on April 1 2019 and finishing on
April 12 2019.

Total cost for transport and pool entry for the 10 days is \$45.00

Please return payment together with enrolment form in envelope provided and place in collection box
located outside of the administration area. Envelopes must be returned on or before March 25 2019.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/2019
(Parent/ Guardian)

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes, allergies or any other condition
that may affect his/her safety and require the school to provide learning adjustment?

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 cannot take responsibility for medical
conditions of 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)

Table with 2 columns: Stage No. (1-7) and Stage No. (8-15) listing swimming levels from Beginner to Bronze Star.

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 \_\_\_\_/\_\_\_\_/2019
(Parent/ Guardian)