



YEAR 1, 2, 3, 4 & 6

**Interm Swimming ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

I give my child \_\_\_\_\_ Age: \_\_\_\_\_ School: Emmanuel Christian Community School  
(Full Name PRINT BLOCK LETTERS)  
Room Number: \_\_\_\_\_ permission to attend the Department of Education's Interm Swimming classes at Balga Leisure Centre  
commencing on 17 / 02 / 2020

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)



YEAR 5

**Interm Swimming ENROLMENT FORM**

**TO BE COMPLETED BY PARENT:**

I give my child \_\_\_\_\_ Age: \_\_\_\_\_ School: Emmanuel Christian Community School  
(Full Name PRINT BLOCK LETTERS)  
Room Number: \_\_\_\_\_ permission to attend the Department of Education's Interm Swimming classes at Balga Leisure Centre  
commencing on 03 / 03 / 2020

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:

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Signature: \_\_\_\_\_ Parent daytime phone number: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)