



**Interm Swimming ENROLMENT FORM**

**PARENT TO COMPLETE FORM AND RETURN TO SCHOOL BY FRIDAY 13 SEPTEMBER, 2024**

I give my child \_\_\_\_\_ Age \_\_\_\_\_ Class \_\_\_\_\_ of Maddington Primary School  
(Full Name PRINT BLOCK LETTERS)

permission to attend the Department of Education’s Interm Swimming classes at Belmont Oasis Leisure Centre, from 9-18 OCTOBER 2024.  
*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 adjustments?*  NO  YES \*\*Please provide further information below

Please provide details of medication currently being taken (if applicable): \_\_\_\_\_

*Is there any other information swimming staff should be aware of to enable your child to fully participate in Interm Swimming lessons? (e.g previous incidents in water related activities)* IF IN ANY DOUBT PLEASE CONSULT YOUR SCHOOL PRINCIPAL.

*\*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 swimming lessons to discuss appropriate learning adjustments.*

**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 Number</b>	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. Accompanied 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 (3) Department of Education certificates.**

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