

**** Please return this note and the enrolment form along with your payment to your child's classroom teacher.**



RIVERSIDE PRIMARY SCHOOL Year 3 to Year 6 Interm Swimming Lessons at AVALON BEACH Monday 22 February 2021 to Friday 5 March 2021



I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I confirm that the Health Information held by the school on my child is current and correct. I agree to inform the school of any changes before the scheduled excursion. I acknowledge that should it be considered necessary school staff will arrange to present my child for medical assessment and/or treatment.

I have read and understood the above information regarding the excursion and give permission for my: son/daughter _____ Room: _____ to attend.

I have paid \$30.00 Cash Direct Deposit EFTPOS

School Bank Account details: Riverside Primary School BSB: 086 805 ACC#: 871855143 (Child surname & Initial for reference)

Signature of Parent/Guardian **Date** **Online Direct Deposit Receipt #**



INTERM SWIMMING ENROLMENT FORM

TO BE COMPLETED BY PARENT:

I give my child _____ Age _____ School Riverside Primary School
(Full Name PRINT BLOCK LETTERS)

Room Number _____ permission to attend Department of Education's Interm Swimming classes at Avalon Beach Mandurah WA

Commencing on 22 / 02 /2021 Enclosed is payment of \$ _____ (Lessons for Government schools are free. Payment is for transport and pool entry)

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 below if necessary**

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

Stage Number	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 (3) Department of Education certificates.

Signature: _____ Parent daytime phone number: _____ Date: _____
(Parent/Guardian)