



Parramatta City Swim Club Learn to Swim Consent Form

As a Parent/guardian of

I, give my consent for him/her to participate in the Parramatta City Swim Club Learn to Swim program.

Teacher and Instructor may take appropriate disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group or individually in the above-mentioned activity.

I also authorise the Teachers and Instructors to obtain medical assistance that they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I have provided below medical information about my child and included other relevant information of limitations which he/has has for learning to swim.

Signed

(Parent/Guardian)

Date: / /

Medical Information: (This information can protect your child)

<i>Medical Condition</i>		<i>Further Information</i>
ALLERGY (particularly bee-sting allergy)	Yes/No	
BREATHING DISORDER (particularly asthma)	Yes/No	
EAR DISORDER (particularly drainage tubes or deafness)	Yes/No	
EPILEPSY (whether mild or severe)	Yes/No	
FAINTING/DIZZY SPELLS	Yes/No	
OTHER RELEVANT INFORMATION	Yes/No	

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Parramatta City Swim Club – www.parracityswimclub.com.au

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