

**Swim Safe - Medical Information / Terms and Conditions**

*Please read and complete the following form prior to your first swim lesson*

Contact Details / Medical Information	
Parent / Guardian Name: _____	Phone: _____
Address: _____	
Email: _____	
Swimmer's Name: _____	DOB _____
Medical History: _____	
Swimmer's Name: _____	DOB _____
Medical History: _____	
Swimmer's Name: _____	DOB _____
Medical History: _____	
Swimmer's Name: _____	DOB _____
Medical History: _____	

***The following information is for parents to help us make your lesson a safe and enjoyable experience.***

- Children **DO NOT** enter the pool area without their parent / guardian, and are supervised at all times. Regardless of the skill level, no child is completely safe around water, and should never be left unattended.
- Your child **DOES NOT** enter the pool until instructed by the teacher.
- Children are **NOT PERMITTED** to use the swimming pool facility for recreational swimming, and **MUST ONLY** be in the pool for the period of swimming tuition under direct supervision of one of our qualified instructors.
- You are present at the pool side on completion of your child's lesson, so you can accept full responsibility for their care.
- If times allows, toilet your child prior to the lesson to minimize disruption to the class.
- No running or eating in pool area / complex.
- You notify us of any medical conditions or injuries short term or long term, as they may affect your child's swimming. It is important these details are kept up to date.
- Your child does not attend swimming if they have an open wound, are unwell, have a fever, sore throat and/or cold/ flu like symptoms, including illness such as infectious diarrheal.
- Medication for medical conditions such as Asthma should always be brought to the centre with your child.
- Parents are encouraged to discuss any issues with our Swim School Manager that are relevant to their child's swimming, behaviour or emotional state. Any of these issues may be relevant to any special care they need.
- Smoking is not permitted in the Aquatic Centre or on School grounds.

***This is to certify that I have read and agree to the terms and conditions listed on this form***

Parent / Guardian Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*We thank you for your cooperation*