



Swimming Consent for CBay Water Skills For Life Programme

Child Name: _____

Room: _____ **Year Level:** _____

Parent Name: _____

Emergency Contact number: _____

I am / am not able to help with swimming sessions at the poolside. (Please circle)

Tick each box that applies to your child:

- My child is not comfortable with his/her face in the water
- My child is comfortable with his/her head under the water
- My child is able to float unassisted on back
- My child is able to swim 5m unassisted in the water to pool edge
- My child is able to swim (any stroke) 15 metres in the water
- My child can swim (any stroke) 25 metres (1 length) in the water
- My child can swim (any stroke) 50 metres (2 length) in the water
- My child can swim (any stroke) 100 metres (4 length) in the water
- My child attends swimming lessons outside of school. Level: _____

Does your child have any health or learning issues that the swim school needs to be aware of?

No Yes

(If yes, please explain)

I will ensure that my child is equipped with named swim togs and a named towel on each swimming day. I will provide a note if my child has any medical conditions or illnesses which prevents their participation in the lessons.