

Swimming Permission/Ability Form

20/10/20 (Policy and Procedures 3.13.2)

Childs Name		Class	
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I, as parent/guardian of the above child, give my permission for them to participate in swimming at Mayfield State School Outside School Hours Care.

Swimming ability:

- Non-swimmer (Cannot support themselves in water)
- Novice (can support themselves in shallow water and are capable of moving short distances <5m)
- Intermediate (can support themselves in deep water and can swim a length of the pool)
- Advanced (can support themselves in deep water and can swim many lengths of the pool)

Please indicate any special needs or disabilities:

Parent/Guardians Name:	
Signature:	Date: