



## Interm Swimming ENROLMENT FORM

AFRIKAANS

### TO BE COMPLETED BY PARENT:

I give my child \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
(Full Name PRINT BLOCK LETTERS)

Room Number \_\_\_\_\_ permission to attend Department of Education's Interm Swimming classes at \_\_\_\_\_  
Commencing on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 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	
1. Beginner	8. Water/Surf Wise
2. Water/Surf Discovery	9. Senior
3. Preliminary	10. Jnr Swim & Survive/ Surf Stage 10
4. Water/Surf Introduction	11. Swim & Survive/ Surf Stage 11
5. Water/Surf Safe	12. Snr Swim & Survive/Surf Stage 12
6. Junior	13. Wade Rescue/ Surf Stage 13
7. Intermediate	14. Accompanied Rescue/ Surf Stage 14
	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) Interm Swimming Enrolment Form V3, Nov 18



## INSKRYWINGSVORM vir swem in die kwartaal

AFRIKAANS

### VIR VOLTOOIING DEUR OUER

Ek gee my kind \_\_\_\_\_ Oud. \_\_\_\_\_ Skool \_\_\_\_\_  
(Volle naam IN DRUKSKRIF, HOOFLETTERS)

Kamernommer \_\_\_\_\_ toestemming om aan die Departement van Onderwys se swemklasse in die kwartaal deel te neem by \_\_\_\_\_

Begindatum \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Ingesluit is 'n betaling van \$ \_\_\_\_\_ (Lesse is gratis vir regeringskole. Betaling is vir vervoer en toegang tot swembad.)

Is u kind onderhewig aan asma, toevalle, floute, epilepsie, diabetes, allergieë of **enige ander toestand of ongeskiktheid\*** wat sy/haar veiligheid kan beïnvloed of dit kan nodig maak dat die skool  **NEE**  **JA** Verskaf verdere inligting hier onder indien nodig\*\*

Verskaf asseblief besonderhede van medikasie wat tans geneem word (indien van toepassing): \_\_\_\_\_

Is daar enige ander inligting waarvan swempersoneel bewus moet wees om u kind in staat te stel om ten volle aan swemlesse gedurende die kwartaal deel te neem (bv. vorige voorvalle in waterverwante aktiwiteite)? **INDIEN U ENIGSINS TWYFEL, RAADPLEEG ASSEBLIEF U SKOOLHOOF.**

*\*Swempersoneel kan nie verantwoordelikheid aanvaar vir mediese toestande of gediagnoseerde gestremdhede wat nie op die ingediende vorm verskyn nie.*

*\*\*Raadpleeg u hoof indien nodig lank genoeg voor die swemlesse om toepaslike onderrigaanpassings te bespreek.*

**Ek stem in om die organiseerders voor die geskeduleerde vertrek in kennis te stel van enige verandering in my kind se gesondheid en fiksheid. Waar dit nie prakties is om met my te kommunikeer nie, magtig ek die skoolpersoneel om toestemming te gee dat my kind die mediese behandeling ontvang wat nodig geag word.**

Stadiumnommer	
1. Beginner	8. Water-/branderwys
2. Water-/branderontdekking	9. Senior
3. Voorlopieg	10. Jr. swem & oorleef/branderstadium 10
4. Water-/branderinleiding	11. Swem & oorleef/branderstadium 11
5. Water-/branderveilig	12. Sr. swem & oorleef/branderstadium 12
6. Junior	13. Inloopredding/branderstadium 13
7. Intermediêr	14. Begeleide redding/branderstadium 14
	15. Bronsstêr (slegs swembad)

My kind mik vir stadium nommer

Onseker, gradeer asseblief

My kind het drie keer vir hierdie stadium in die Departement van Onderwys se klasse gemik sonder om te slaag  
**Heg asseblief afskrifte van die laaste drie (3) sertifikate van die Departement van Onderwys aan.**

Handtekening: \_\_\_\_\_ Ouer se telefoonnommer bedags: \_\_\_\_\_ Datum: \_\_\_\_\_  
(Ouer/voog) Interm Swimming Enrolment Form V3, Nov 18