Consent form for Aquatic (water-based) Activity

Student Name: ______________________________ Class Teacher Group: ___________

Please tick the following activities that your child will be participating in:

☐ Aquatic Activity/ Beach Activities – Beach Day Tuesday 9th December 2014

For the Aquatic Activity please circle below the ability level of your child.

BEGINNER*    INTERMEDIATE*    ADVANCED*

I ____________________________ Parent/ Guardian give permission for my child to participate in the activities selected above at __________________________ on ___________________________.

I understand that water-based activities/swimming will be occurring and that staff with appropriate first aid, CPR and rescue qualifications will be present.

In the event of accident or illness when it is impracticable or impossible to communicate with me, I understand that the teachers at the venue will arrange for my child to receive such medical or surgical treatment as may be deemed necessary, and agree to reimburse the school for any costs involved.

Parent/Guardian: …………………………………………………………………………………………

Name

Signature

Date: ………………………………………………………

*Beginner – no previous experience in the activity
*Intermediate – some or limited experience in the activity
*Advanced – competent and confident in the activity