

CHILD'S DETAILS (CHILD 3)

<p>MEDICAL CONDITION</p> <p>Is the condition any of these?</p> <p><input type="radio"/> Asthma <input type="radio"/> Allergy</p> <p><input type="radio"/> Diabetes <input type="radio"/> Epilepsy</p> <p><input type="radio"/> Heart complaint <input type="radio"/> Phobias</p> <p><input type="radio"/> Other _____</p> <p><input type="radio"/> Other _____</p> <p>DETAILS _____</p> <p>_____</p>	<p>DISABILITY</p> <p>What is the nature of the disability? <input type="radio"/> Mental <input type="radio"/> Physical</p> <p>How will this effect their swimming and learning?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>VACSWIM PARTICIPATION</p> <p>Did they participate last year?</p> <p><input type="radio"/> yes <input type="radio"/> no, it was _____</p> <p style="text-align: center;">Y E A R</p> <p>If you can recall, what was the swim level or stage that your child achieved last year</p> <p>_____</p>	<p>NON-ENGLISH SPEAKING BACKGROUND</p> <p>Is English the primary language spoken at home? <input type="radio"/> yes <input type="radio"/> no</p> <p>If no, what language is spoken?</p> <p>_____</p> <p>Child's background (please tick)</p> <p><input type="radio"/> Aboriginal / Torres Straight Islander</p> <p><input type="radio"/> Vietnamese</p> <p><input type="radio"/> Chinese</p> <p><input type="radio"/> Indonesian</p> <p><input type="radio"/> Other _____</p>
<p>Is medication required by this child?</p> <p><input type="radio"/> yes <input type="radio"/> no</p>			

CHILD'S DETAILS (CHILD 4)

<p>MEDICAL CONDITION</p> <p>Is the condition any of these?</p> <p><input type="radio"/> Asthma <input type="radio"/> Allergy</p> <p><input type="radio"/> Diabetes <input type="radio"/> Epilepsy</p> <p><input type="radio"/> Heart complaint <input type="radio"/> Phobias</p> <p><input type="radio"/> Other _____</p> <p><input type="radio"/> Other _____</p> <p>DETAILS _____</p> <p>_____</p>	<p>DISABILITY</p> <p>What is the nature of the disability? <input type="radio"/> Mental <input type="radio"/> Physical</p> <p>How will this effect their swimming and learning?</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>VACSWIM PARTICIPATION</p> <p>Did they participate last year?</p> <p><input type="radio"/> yes <input type="radio"/> no, it was _____</p> <p style="text-align: center;">Y E A R</p> <p>If you can recall, what was the swim level or stage that your child achieved last year</p> <p>_____</p>	<p>NON-ENGLISH SPEAKING BACKGROUND</p> <p>Is English the primary language spoken at home? <input type="radio"/> yes <input type="radio"/> no</p> <p>If no, what language is spoken?</p> <p>_____</p> <p>Child's background (please tick)</p> <p><input type="radio"/> Aboriginal / Torres Straight Islander</p> <p><input type="radio"/> Vietnamese</p> <p><input type="radio"/> Chinese</p> <p><input type="radio"/> Indonesian</p> <p><input type="radio"/> Other _____</p>
<p>Is medication required by this child?</p> <p><input type="radio"/> yes <input type="radio"/> no</p>			

PLEASE READ AND SIGN BELOW

Release

"As parent/guardian of the child listed on the attached form I declare that the information I have provided is true and correct. I give my consent for him/her to participate in SA Water VACSWIM 2010. I agree to delegate my authority to the supervising instructors.

If my child requires medical treatment as the result of an emergency or accident and contact with me is impracticable or impossible, I authorise SA Water VACSWIM 2010 staff to arrange whatever medical assistance that is necessary. I will pay all medical and dental expenses incurred on behalf of my child.

I have attached health care information including details of any additional health support he/she requires to undertake participation in SA Water VACSWIM 2010 safely.

I acknowledge I have read and understand the terms and conditions for participating in SA Water VACSWIM 2010. I agree that my child will comply with the SA Water VACSWIM 2010 rules, standards and requirements.

I agree to abide by the refund terms and conditions of SA Water VACSWIM 2010 as outlined in the refund policy.

I acknowledge that my child participates at his/her own risk and will not hold the Minister for Recreation, Sport and Racing or employees or volunteers of the Office for Recreation and Sport liable for any accident, injury, property, loss or cost occurring as a result of participating in SA Water VACSWIM 2010 unless caused by negligence or a wrongful act or omission by the Minister for Recreation, Sport and Racing or employees or volunteers of the Office for Recreation and Sport.

Signature.....Date.....

Privacy Policy

In accordance with the Privacy Act 2001 all information collected and stored on the vacswim student data base will only be used for the purpose, nature and duration of the SA Water VACSWIM program. There will not be any disclosure of any information collected or stored on the vacswim student data base to a third party for any reason other than medical related situations unless there has been prior written consent.

Photographs

I agree to allow the SA Water VACSWIM office and the Office for Recreation and Sport to use any photographs taken during the course of the program for future promotion or reporting purposes in any media with regards to promoting water safety awareness.

Signature.....Date.....

Terms and Conditions

Parent/Guardian role at Location: Parents/Guardians are expected to remain at the Location at all times during their child's participation in their designated SA Water VACSWIM class. **Handover of Duty of Care Process:** On arrival at the Location the parent/guardian should take the child to the sign on desk/instructor and ensure their child's name is marked 'in' on the attendance sheet for that day. No child will be accepted more than 10 minutes before the start of their designated class. After class the instructor will ensure that the child is released directly into the care of the parent/guardian before marking the child 'out' on the enrolment form and allowing them to leave the Location. **Refund policy: Cancellation of Locations/classes** If a Location is cancelled for any reason you may request a full refund or transfer your children to another Location. If classes are cancelled due to extreme weather or for other reasons they will be rescheduled if possible, however if circumstances dictate rescheduling classes is not possible or you are unable to attend a rescheduled class, refunds for a pro-rata proportion of the enrolment fee will be made. Refunds for children unable to attend classes for medical reasons will only be issued if a participant attends no more than 2 days of the program. To claim a medical refund Parents must send a letter outlining number of days attended together with a medical certificate, and a copy of the program receipt. All requests for refunds must be received by the SA Water VACSWIM 2010 office **no later than** Friday 26 February 2010. The pool entry fee where applicable to a location will not be refunded. **Transferring between Locations:** Transferring children from one Location to another is possible, however the child will only be accommodated in an existing class at the new Location if a vacancy exists. Children transferring to another Location will not be provided with additional instruction to the detriment of the existing participants. An enrolment receipt and a certificate of participation signed by the instructor in charge of the original Location must be produced when enrolling at the new Location. For details about transferring between Locations contact the instructor in charge at the Location or the SA Water VACSWIM 2010 office. **Medical Conditions:** Please indicate if your child has a medical condition and provide details in the Child Details Section, for example: Asthma, Attention Deficit Disorder, Diabetes, Epilepsy, Others (state clearly) and complete the medical information. If necessary, please provide additional information in the Child Details Section (notes) by providing further explanation of your child's medical condition. Please note that under no circumstances will VACSWIM Instructors or volunteers administer any medicines. **Children with a Disability:** Children with a disability are encouraged to participate in the SA Water VACSWIM program. The instructor in charge should be informed of any additional needs your child requires to enable participation when enrolling the child. Participation is conditional upon the SA Water VACSWIM Location being able to provide the additional support services arranged through consultation between the instructor in charge and the parent or caregiver. This will ensure a responsible person is keeping the child under observation at all times. Please indicate on the Child Details Form if your child is regarded as having a disability and complete the medical information on the back of the form. Attach a note providing further explanation if required. **Code of Behaviour:** Participants (in and out of the water) are expected to cooperate with the instructions and directions of SA Water VACSWIM staff. Instructors are responsible for the children directly involved in their lesson while the lesson is being conducted. Inappropriate disruptive behaviour could result in exclusion from class(es). Instructors are not responsible for general supervision of others at the Location. Parents should ensure that appropriate supervision is provided at all other times. **Skin Care:** SA Water VACSWIM encourages all participants to wear a T-shirt, hat and apply 30+ sunscreen. Failing to provide suitable skin protection could result in exclusion from the class. **Preferred Time:** All possible effort will be taken to comply with requests for preferred class times but no guarantees will be given that the preferred time will be available.