

SWIMMING

Pupils Name Date of Birth

I wish my son/daughter to be allowed to take part in weekly swimming lessons at the Westgate Leisure Centre – Everyone Active in Chichester and understand that they will be travelling to and from the swimming pool by coach.

I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions give by the staff in charge are obeyed.

Checklist reminder:

- Towel and one piece swimming costume for girls
Towel and swimming trunks or shorts above the knee for boys
- No jewellery, including earrings to be worn
- For safety reasons long hair needs to be tied back
- Swimming aids, e.g. armbands, are unnecessary
- Swimming goggles may we worn

Medical information:

(Please delete and complete the following as appropriate and continue overleaf if necessary)

My child has :

- no illness, allergy or physical disability
- the following disability
- which necessitates the following medical treatment

Has your child been given any specific medical advice to follow in emergencies? Yes No

If my child suffers from asthma I will ensure that they have an inhaler with them to take to the swimming pool.
(Unfortunately if your child does not bring in their inhaler they will not be able to go swimming)

Doctor's Name:

Doctor's Address:

Doctor's telephone number:

I consent to any emergency medical treatment necessary during the course of the visit.

Signed
Parent/Guardian

Date

Parent/Guardian Name and Initials.....

Address:

.....

Telephone No. Home Work.....

Mobile No.....

If not available at the above, please state an alternative contact:

Name:(relationship).....

Telephone No: Mobile No: