



# Interm Swimming ENROLMENT FORM

CHINESE

**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**

<b>Stage Number</b>	8. Water/Surf Wise
1. Beginner	9. Senior
2. Water/Surf Discovery	10. Jnr Swim & Survive/ Surf Stage 10
3. Preliminary	11. Swim & Survive/ Surf Stage 11
4. Water/Surf Introduction	12. Snr Swim & Survive/Surf Stage 12
5. Water/Surf Safe	13. Wade Rescue/ Surf Stage 13
6. Junior	14. Accompanied Rescue/ Surf Stage 14
7. Intermediate	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

Government of Western Australia Department of Education  
由父母填写: \_\_\_\_\_ 年龄 \_\_\_\_\_ 学校: \_\_\_\_\_  
本人允许子女 \_\_\_\_\_ (印刷体书写的完整姓名)

在学期期间游泳活动登记表 CHINESE

班级: \_\_\_\_\_ 参与教育部的在学期期间学习班, 活动地点: \_\_\_\_\_

开始日期: \_\_\_\_/\_\_\_\_/\_\_\_\_ 随附缴费 \$ \_\_\_\_\_ (公立学校的游泳学习班免费。所缴纳费用将用于支付交通费及游泳池入场费)  
您的子女是否患有哮喘、抽搐、昏厥、癫痫、糖尿病、过敏或者可能影响其安全或需要学校对其学习作出调整的任何其他身体状况或残疾\*?

没有  有 (若有必要, 请详述) \*\*\*\*

如果目前在服用药物, 请提供有关详情: \_\_\_\_\_

您是否还有其他需要游泳活动负责人在您子女参加学习班时需要注意的事项? (例如先前与发生在水中事故有关的活动) 如有任何疑问, 请咨询您子女所在校的校长。

\*游泳活动的负责人员不能对回交表上并未列出的身体状况或经确诊的残疾负责。  
\*\*若有必要, 请提早足够时间征询你们校长的意见, 以讨论对学习作出适当的调整。

我同意在预定出发时间之前, 向活动组织者通知本人子女的健康与身体的任何变化情况。若在实际无法与我联系的情况下, 我授权学校员工允许我子女接受认为有必要的医药治疗。

<b>级别编号</b>	8. 水/冲浪较高级
1. 初学者	9. 高级
2. 水/冲浪初探	10. 初级游泳及求生/冲浪第10级
3. 预备级	11. 游泳及求生/冲浪第11级
4. 水/冲浪入门	12. 高级游泳及求生/冲浪第12级
5. 水/冲浪安全	13. 救生/冲浪第13级
6. 初级	14. 陪伴救生/冲浪第14级
7. 中级	15. 铜星 (仅限游泳池)

我的子女将参加的级别编号:   
不清楚-请填写年级:   
我的子女在教育部的学习班中曾三次尝试这个“将参加”的级别, 但都不能及格。请随附最近期的三张教育部的证书。

签名: \_\_\_\_\_ 家长日间联系电话号码: \_\_\_\_\_ 日期: \_\_\_\_\_  
(家长监护人) Interm Swimming Enrolment Form V3, Nov 18