



## Aquatic activity consent For activities where being able to swim is essential

Swimming ability	Yes	No	Don't know
Is your child able to swim 50 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child water confident in a pool?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in deep water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to tread water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child able to survival float?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child confident in the sea or open inland water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your child safety-conscious in and around water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I would like \_\_\_\_\_ to take part in the specified event

	Yes	No
I have received sufficient information about the event and agree to my child taking part in the activities.	<input type="checkbox"/>	<input type="checkbox"/>

I consent to any emergency treatment required by my child during the course of the event.	<input type="checkbox"/>	<input type="checkbox"/>
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I confirm that my child is in good health and I consider him/her fit to participate	<input type="checkbox"/>	<input type="checkbox"/>
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Signed \_\_\_\_\_ Date \_\_\_\_\_

Full name of parent/caregiver \_\_\_\_\_

