



We Sea, We Life, Swim for Life Consent Form

This form must be completed, signed and returned by the parent or guardian before participation will be allowed.

I, hereby give consent for
(Parent/Guardian) (Child/Ward)

of to participate
(Address)

in the "Swim for Life" Program.

Date of Birth:

Age: years

Gender: Female Male

Parent/Ward:
(Name) (Contact Number)

Emergency Contact:
(Name) (Contact Number)

Venue: (Aquatic Centre/Brownes Beach/Brandons Beach/ Enterprise Beach/Seaside Aquatics) **Kindly choose a venue and one (1) time slot only.**

Time slots: 9:00 a.m. – 10:30 a.m. 11:00 a.m. – 12:30 p.m. 1:00 p.m. – 2:30 p.m.

List any medications the participant is taking regularly:

List any allergies that the participant has:

List any health or personal concerns that we should know about:

I indemnify the organizers and its members from and against all liability with respect to any injuries sustained by my child/ward, resulting from actions that are contrary to instructions while at any session.

Signature

Date