



SWIMMING CONSENT FORM

I give consent for my child..... Age.....

to participate in swimming activities at the Multi Sport & Activity Camp at Eversfield School. Each session will last for approximately 45 minutes.

Please answer the following questions.

1. Does your child require armbands/flotation devices? Yes No
2. Can your child swim 25 metres? Yes No
(Children in need of armbands/flotation devices and/or unable to swim 25 metres will be restricted to the shallow end.)
3. If Yes to question 2 please specify distance
4. Are you happy for your child to swim in the deep end? Yes* No
(*Please note lifeguard has final say)

Please be assured that there will be a qualified lifeguard on duty at all times.

We must insist that any behaviour that we feel may subject any other child to possible danger, be dealt with immediately, and could result in the removal of the offending child from the pool.

I am satisfied that my child will be sufficiently competent to safely enjoy the swimming sessions organised by All Active Sports Limited at Eversfield School.

Signed.....Parent/Guardian Date.....

Name (in capitals)

Address.....

.....Post code.....

Should you wish to discuss this matter and your child's involvement please feel free to contact us on 07912 936 361

Please hand this form upon your arrival at Eversfield School or post direct to All Active Sport Ltd, 51 Ladbrook Road, Solihull, B91 3RW