



LEARN TO SWIM / SWIM FIT SIGN UP FORM 2014-2015

Learn to swim/Swim Fit program will be held on Monday and Wednesday evenings from 3:30pm to 4:30pm for primary and secondary students, **starting week beginning 22nd September**. This will be a filter program for all students who did not make the Minibears or Aquabears swim team, but who would like to continue to practise their swimming stroke and fitness to eventually be able to join one of the swimming teams. This program will focus on stroke technique and swimming fitness.

Eligibility :

- Be able to swim 25m independently on their front and back
- Can commit to training to at least 1 night
- In year 3 and upwards

When signing up you have to be clear which night you will attend because the bus arrangements are different.

Monday Buses:

Primary: No ASA bus, only students who can be picked up
Secondary: Sports bus at 5:30pm

Wednesday Buses:

Primary: ASA bus at 4:30pm
Secondary: ASA bus at 4:30pm

Please place an **X** in the box which night or nights you will be able to attend.

Monday, 3:30pm – 4:30pm Wednesday, 3:30pm - 4:30pm

Student Name:	<input type="text"/>	Class:	<input type="text"/>
Date of Birth:	<input type="text"/>		
Home Address:	<input type="text"/>	Home Phone:	<input type="text"/>
Student Email:	<input type="text"/>	Student Mobile:	<input type="text"/>
Parents Name:	<input type="text"/>		
Parents Email:	<input type="text"/>	Parents Mobile:	<input type="text"/>

<p>Medical Information Is the student</p> <p>A. Allergic to medication? Yes / No</p> <p>B. If yes, what kind?</p> <p>_____</p> <p>C. Other allergies:</p> <p>_____</p> <p>D. Currently or regularly taking medication?</p> <p>_____</p> <p>E. Medical Insurance Provider</p> <p>_____</p> <p>F. Policy Number</p> <p>_____</p>

<p><u>Parental / Guardian Permission</u></p> <p>The above named student has my permission to participate in the BSB Sport program.</p> <p>I declare that my child is physically fit and able to participate fully in the sport(s). In the event of an injury or accident involving my child I understand that I will be informed as soon as possible. If I cannot be contacted, I authorize the coach or other BSB representative to act on my behalf.</p> <p>If understand that my child will punctually attend all scheduled practices, games and tournaments. If my child cannot attend I, or my child, is responsible to inform the coach before the absence.</p> <p>Parent Signature _____ Date _____</p> <p>Student Signature _____ Date _____</p>
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