



ABN 31 416 737 307

Unit 9/1 Vuko Place, Warriewood NSW 2102

Tel: 02 9913 8066 Fax: 02 9913 9066

www.surflifesaving.net.au

Permission Form

Program:

PARTICIPANT NAME: _____ Male Female DOB _____

ADDRESS: _____

Email Address of Parent/Guardian _____

EMERGENCY CONTACT 1: Name _____ Contact # _____

EMERGENCY CONTACT 2: Name _____ Contact # _____

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING: ASTHMA DIABETES EPILEPSY ALLERGIES

ANY OTHER INFORMATION WE NEED TO KNOW: _____

Swimming capability: Strong (up to 100m) Average (Up to 50m) Poor (Up to 25m) Non-swimmer

I hereby give consent for my son daughter to participate in the Surf Life Saving School Program for

(name of school) on (date of program). I understand that all care will be taken, but acknowledge the risks associated with any outdoor activity. In the event of injury or illness, I also authorise the seeking of any medical assistance that my child may require.

I do do not consent to photos being taken to promote the program.

Name: _____

Signature:.....

Date: _____

- We reserve the right to change the location and activities subject to beach and weather conditions.
- Whilst all care will be taken, we will not be responsible for loss of personal belongings – do not bring valuables
- We reserve the right to suspend a student from the program due to inappropriate behaviour. No refunds will be given if a student is suspended from the program

