



# Attendance Form

Please complete this form in BLOCK CAPITALS for the person attending.  
Please present this completed on the first day.

## Child/Teen/Rookie Details

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_  
School \_\_\_\_\_  
First Language \_\_\_\_\_  
(if not English)

Swimming Ability  New to swimming  
 Can swim at least 10m unaided front and back  
 Can swim at least 25m on front and back and can tread water for 2mins

## Parent or Carer Details

Name \_\_\_\_\_  
Postal Address \_\_\_\_\_  
Email \_\_\_\_\_  
Mobile No. \_\_\_\_\_  
Home Tel. \_\_\_\_\_  
Work Tel. \_\_\_\_\_  
Doctor \_\_\_\_\_  
Surgery Tel. \_\_\_\_\_

Where did you find out about this camp?  Flyer  Email  Facebook  SMS  Friend  Newspaper/Magazine  
 Online Kids Website, if so which ..... (Jozikids, Tot2teen, SA Child, Kidzworld, other).

How would you like to be reminded of upcoming camp dates?  
 Flyer  Email  Facebook  SMS  Other, how .....

## Medical and Behaviour Information

*See reverse for medication details ▶*

Please inform us of any relevant medical or behaviour information e.g. allergies, dietary problems, history of difficult behaviour, ADHD, toilet requirements (use separate sheet if necessary).

.....  
.....

I give permission for this child to receive urgent medical treatments  Yes  No

If there are any treatments you wish your child not to receive, please specify them here:

.....

## Emergency Contacts

We require at least two alternatives to the parent/carer's contact details

Name	Mobile or Landline Number	Relationship to child
.....	.....	.....
.....	.....	.....

## Consent

Yes No

I give permission for this child to participate in swimming sessions

I give permission for this child to be included in promotional photographs (which may be taken on camp)

I accept all of the Kings Sports policies and procedures as detailed in the Parent Guide.

Signed (Parent or Carer) .....

Date .....

