



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

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:

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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) (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. (Please circle)

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

THE 21 CLUBS ON THE NORTHERN BEACHES

