

BLOCK CAPITALS

Please for Certificates



Name of Child _____ Date of Birth _____ Pending Award _____

Venue Portumna Swimming Area	Swim Water Safety week July 10 th -14 th 2017
Instructors Linda Browne and Henry Mullen	IWS Ref Number
Please list any know and relevant Medical conditions:	Your Contact Number _____
	Your email _____
	Alternative contact number

Please note that

- Your child will **ONLY** be supervised during class times which will be given at the start of the week
- It is your responsibility at the end of class to ensure their safety in all respects.
- In the event of an emergency we will call the emergency services and contact you also. In the event that we cannot contact you on the above numbers we will request the attendance of the Ambulance service and other emergency services deemed necessary and your child will be removed to hospital for treatment.
- Safeguards – we are committed to the safeguarding of children. You are required to ensure your child is collected at the agreed times, in the event that you do not collect your child and we cannot contact you on the above numbers we may contact An Garda Síochána to report a Child Safeguard concern and your child may be taken away by the Gardai to ensure their safety.

I _____ parent/guardian of _____

ADDRESS _____

Agree to my child participating in the swim/water safety week and I acknowledge I am responsible for my child outside of class times. My child will not use a photographic device at this event, and I understand that this important rule is in the interests of child protection. If you do **not** wish your child to be included in promotional photographs, please tick box

Signature _____

Name in **Block Capitals**: _____