



Chelsea Longbeach Surf Life Saving Club Memo -- Junior Winter Training

To: All Members CLSLSC Ref: 2010/000001
CC: Committee
From: Catherine Winnell - Secretary
Subject: Toby Haenan Junior Winter Training 2010
Date: 11 / 05 / 2010

IMPORTANT NOTICE TO ALL MEMBERS

Timetable

- The first 2 weeks of the CLSLSC Winter Nippers Program will focus solely on grading the nippers into their respective skill and ability groups.
- The program will run to a strict timeframe.
 - **13:15** Arrive at centre
 - **13:30** In the water and started
 - **14:30** Out of water and departing. (*We cannot have showers at the centre. You are encouraged to come down to the club for a shower*)
 - **14:45** We have to be all out of the swim centre
 - **15:00** Showers at the club
 - **16:00** Saturday sundowners (bar will be open)

Parents/Guardians Responsibilities

- All members attending the Winter Nippers program must be financial by the *second session* of the program.
- All parents/guardians must have a 'Working with Children's Check' complete by the *second session* (or have proof of receipt) – **this is mandatory and no exceptions can be made or allowed as it is the law.**
- All parents/guardians must complete and sign the medical information form by the *second session*.



Personal Details

Childs Name: _____ D.O.B _____
 Surname: _____
 Address: _____ Post Code: _____
 Phone: (h) _____ (m) _____
 Email: _____
 Emergency contact name: _____ Phone: _____

Please Rate your Childs swimming ability:

- 1 Complete Beginner 2 3 Confident Beginner 4 5 Swim with an aid 6 7 Unaided Swimmer 8 9 Confident 10 Confident Deep Water

Will you be hopping in the pool to assist with the program? Yes/No

Medical Information (This information can protect your child)

Family Doctor: _____

Do you have current ambulance cover: Yes/No

Medical Condition	Yes/No	Further Information or instructions
ALLERGY	Yes/No	
BREATHING DISORDER (particularly Asthma)	Yes/No	
EAR DISORDER (particularly grommets)	Yes/No	
EPILEPSY (mild or severe)	Yes/No	
OTHER RELEVANT INFORMATION	Yes/No	

As a Parent/Guardian of I, give my consent for him/her to participate in the Chelsea Longbeach Surf Lifesaving Club Winter Swim Program.

I also authorise the Club Instructors and Members to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above named.

I have read the conditions of the program and I am aware of the program for which my consent is requested.

I submit the attached medical information about my child and include other relevant information and details of limitations which he/she has for the activity concerned.

Signed.....
(Parent/Guardian)

Date: / /