

# Cosmo Dolphins Swimming Academy

## Consent Form

2019-2020

As a Parent/Guardian of.....Date of Birth...../...../.....

I,..... give my consent for him/her to participate in.....

..... and agree to delegate my authority to Staff and Instructors involved.

Such Teachers and Instructors may take whatever disciplinary action they deem necessary to ensure the safety ,well-being and successful conduct of the students as a group or individually in the above-mentioned activity.

I also authorise the Teachers and Instructors 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 student/learner.

I have read the attachment cover letter and I am aware of the programme for which my consent is requested.

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

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

I also grant permission to the academy personnel(s) to conduct drug test at any given time to my child and/or myself if I am a learner at the Cosmo Dolphins Swimming Academy.

I am also aware that photographs are taken to record the programs and events and as such I grant the permission for these to be used by Cosmo Dolphins Swimming Academy . They may from time to time be posted on the Cosmo Dolphins Swimming Academy face book page, instagram or used for promotional material.

I am aware that Cosmo Dolphins Swimming Academy does not accept responsibility for any loss, injury or damage to person(s) and/or property while outside the lesson time.

Signed.....

(Parent/Guardian)

Date...../...../.....

Personal details

Home Address.....

Email Address.....

Person to be contacted in an emergency.....

Emergency phone number.....

Medical AID and number.....

**MEDICAL INFORMATION (THIS INFORMATION CAN PROTECT YOUR CHILD)**

NAME OF CHILD.....SCHOOL.....

<b>Medical Condition</b>		<b>Further Information or further instruction</b>
Allergy	Yes/No	
Breathing Disorder	Yes/No	
Ear Disorder	Yes/No	
Epilepsy	Yes/No	
Fainting/Dizzy Spells	Yes/No	
Other Relevant Information	Yes/No	