

# CLARE WATER SAFETY

## Class Registration form



[www.clarewatersafetv.com](http://www.clarewatersafetv.com)

### Personal Details:

Name of child:	BLOCK LETTERS PLEASE		Date of Birth:	/	/
			Age:		
Address:					
Name of Mother / Father / Guardian			Phone/Mobile contact no:		
E Mail (optional):					
Enrolment for class: Which class/Award are you enrolling your child in:					
Date & Name of Award last completed:					

### Medical History Information ~ details of any known allergies, conditions, medications:

(This information will be held in confidence, unless relevant & then it will be passed to your coaches or trainers)

### Emergency Permission Consent: (If the participant is under 18)

I authorise the coaches, or First Aiders, or other adults with parental responsibility to give permission for my child to receive medication as instructed above and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by medical authorities present.

SIGNED:	Parent:	Date:
	Parent name in BLOCK LETTERS:	

Name of Instructor: \_\_\_\_\_

Receipt issued: Yes  No  Receipt no. \_\_\_\_\_ Issued by: \_\_\_\_\_



Irish Water Safety is the statutory and voluntary body established to promote water safety in Ireland.