



Eversholt Summer Swimming

PUPIL DETAILS			
Name:		DoB:	
Address:		Telephone Number:	
Class:		Year Group:	
I would like my child to take part in school swimming. Swimming is only compulsory for children in KS2.		Yes	No

MY CHILD'S SWIMMING ABILITY	
To enable us to provide the best experience for your children please complete the following:	
My child has no swimming experience	
My child is nervous around water	
My child has some experience of swimming	
My child can: <ol style="list-style-type: none"> 1. Get in and out of the pool safely 2. Put their face in the water and control breathing 3. Float on their back 4. Move forward in the water 5. Tread water 	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.
My child is water confident, but doesn't attend regular swimming lessons	
My child attends regular swimming lessons and they are on Stage...	
My child is an independent swimmer	

Floats and Swimming Aids	
The school will provide Swim Noodles, floats and other teaching aids	
My child swims with a tummy belt or float jacket that I will send in with them	



MEDICAL INFORMATION

Does your child have any known medical conditions? Please specify	
Please provide details of any medication that your child takes	
Does your child have any allergies?	

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW

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EMERGENCY CONTACT 1

EMERGENCY CONTACT 2

Name:		
Telephone Number:		
Relationship to the child:		

Please note that in the event of an emergency or illness the emergency name noted as 'Contact 1' will be our first point of contact.

I AM WILLING TO VOLUNTEER

I have a current DBS through Eversholt Lower School	
KS1 - Years 1 and 2 Monday 12.50 – 2.10pm	
Early Years - Nursery and Reception Friday 12.50 – 2.10pm	

SWIMMING POLICY

I confirm that I have received, read and understood Eversholt Lower school's Policy for Swimming. (A copy can be found on the school website)	Signed:	
	Date:	