##



## THE ASTHMA SWIM PROGRAM

##  2019 ENROLMENT FORM

Child’s Name M / F DOB…………………

I / we *(parent/guardian)* wish to enroll my child in the Asthma Swim Program.

***Parent / Carer details:***

***(if there is a shared care arrangement, please indicate to whom information needs to be sent)***

Parent (s) / Carer’s name Parent (s) / Carer’s name

Relationship to child Relationship to child

Postal Address Postal Address

Residential Address Residential Address

Phone (H) Phone (H)

Phone (W) Phone (W)

Mobile Mobile

Email Email

**I would / would not** like to receive correspondence **I would / would not** like to receive correspondence

from Asthma Foundation NT via email from Asthma Foundation NT via email

Name of child’s doctor

Name of child’s Pediatrician

**Please answer the following questions:**

***Asthma information:***

* Does your child take regular preventer medication? YES / NO

 If yes, please provide name of medication

* Do you have a written Asthma Action Plan provided by your GP? YES / NO
* If yes, please attach a copy to this enrolment form*. (An Action Plan should be updated every 6 – 12 months)*

***Swimming information:***

* Has your child had any formal swimming instruction? YES / NO

If yes, to what level?

* Please indicate your child’s ability level:
	1. Not confident: no water experience-not submerging
	2. The confident beginner: submerging has no formal stroking
	3. Submerging and can propel themselves on front or back for a minimum of 5m up
	4. Can swim a minimum of 10 m freestyle and backstroke
	5. Can easily swim 20 m freestyle and backstroke

# *Terms and Conditions*

**MEMBERSHIP**

* It is a requirement of the Asthma Swim Program that participants are financial members of the Asthma Foundation of the Northern Territory. Family membership cost is $30.00 per year and is renewable annually on the 1st July.

My membership application form is attached.

**ENROLMENT**

* I understand that re-enrolment of my child/children is required each year in order to maintain a place in the swim program. Goldfish Bowl instructors are responsible for determining your child’s progression through levels. AFNT is your point of contact regarding your child’s progression. AFNT will liaise with the Goldfish Bowl on your behalf.

**FEES**

* I agree to pay a co-contribution fee of $100 per child per semester. School Sports vouchers and Learn to Swim vouchers are accepted as payment.
* I understand that incidental expenses are not included as part of the program.

**MONITORING**

* I agree to attend (without exception) an education session on best practice management of asthma upon my child’s acceptance into the program and thereafter every twelve months to review my child’s asthma and discuss new developments in management.
* I understand that the Asthma Educator will be present at the sessions to assist and guide me with best practice management of asthma and that the educator will be monitoring my child’s medication and symptoms.
* I agree to be responsible for completing my child’s medication and symptom sheet on arrival at each session.

**ATTENDANCE**

* I agree to attend swimming classes at the appointed time each week. Failure to comply may result in loss of placement in the Asthma Swim Program.
* I agree to inform the Foundation (via phone/email) if my child is absent for any reason.
* I understand that if my child is absent for two (2) consecutive weeks without notification the placement may be re-allocated. AFNT will attempt to make contact once to discuss any concerns.
* I agree to be present throughout my child’s class (duration ½ hour).

**CONDUCT**

* I agree to maintain minimal interference during class sessions. Parents/guardians are asked to stay away from the poolside during classes unless requested to do so by the swim instructor.
* I understand that any abusive or aggressive behavior exhibited by me or any member of my family at or during the swimming sessions will result in immediate withdrawal of my child/children from the program.
* I agree to abide by the rules set by the Goldfish Bowl.

**MISCELLANEOUS**

* I accept full responsibility for my child and his/her belongings whilst he/she is participating in the swim program.
* I consent for me/my child to be photographed for the purposes of advertising, reporting and electronic media.

#### I have read and understood the above

**Signature Parent/Guardian……………………………………………………………….Date…………………………..**

##### Please return this application to

Asthma Foundation NT

PO Box 39962

WINNELLIE NT 0821

Telephone: (08) 8981 6066 Mobile: 0477 335 556 Email: support@asthmant.org.au