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| **AUCKLAND HOCKEY****Swimming consent form** |

**Activity:**

I, as Parent/Guardian of (Print name) understand that swimming may make up part of this hockey programme.

I can confirm the following information:

Please tick to relevant box

|  |  |  |  |
| --- | --- | --- | --- |
| Swimming ability | Yes | No | Don’t know |
| Is your son able to swim 50 metres? |  |  |  |
| Is your son water confident in a pool? |  |  |  |
| Is your son confident in deep water? |  |  |  |
| Is your son able to tread water? |  |  |  |
| Is your son able to survival float? |  |  |  |
| Is your son confident in the sea or open water? |  |  |  |
| Is your son safety conscious in and around water? |  |  |  |
| Is your son safety conscious in and around water? |  |  |  |

I give permission for my son to participate in:

* Swimming in Public and Supervised pools Yes No

Date:

Signed: