

YORKE PENINSULA
4th – 14th January 2010

EVERYONE CAN BE A LIFESAVER



Royal Life Saving

THE ROYAL LIFE SAVING SOCIETY AUSTRALIA



Eligibility

Minimum Age 4yrs

Classes

4yr old Program 9 x 30 minute

Level 1 – Level 7 and Rescue Awards: 9 x 3/4 hr lessons

Bronze and Higher Awards: 9 x 1.5 hr lessons

Program Fees

4yr old Program \$20

Level 1 – 7 and Rescue Awards \$25

Bronze and Higher Awards \$30

All Participants will receive a certificate of participation

Note: Daily entry fees

Some locations charge daily entry fees which are payable to the venue, not The Royal Life Saving Society

Enrolments

Postal enrolments due: 14th December 2009

Postal: PO Box 2075 Hilton SA 5033

Phone: 8234 9244

Fax: 8352 6162

Email: jward@rlssa.org.au

Late Enrolments: Please contact The Society for specific venue details

Please check the website for venue dates & details.

Payment

- complete the enrolment application and include payment (cheque, money order or credit card details)
- If you would like to make payment via Credit Card please contact The Society
- OR enrol on-line at www.sa.royallifesaving.com.au (credit cards only)

Contact Info

Enquiries Mon – Fri 9am – 4:30pm

Phone 8234 9244

Mobile: 0413 092 834 or 0411 209 588

E-mail: jward@rlssa.org.au

Website: www.sa.royallifesaving.com.au



A BROAD, BALANCED
PROGRAM OF
SWIMMING, WATER
SAFETY AND
SURVIVAL SKILLS.

Instructor InCharge will have resources for the Swim & Survive program available to purchase such as:

- Logbooks
- Cloth Badges

The program fee is for instruction only if you would like to claim the award the fees are as follows

Rescue Awards

- **Dry Rescue**

Theory, reach rescues, rope throws, initiative. **(Cost \$5)**

- **Wade Rescue**

Theory, CPR resuscitation, reach rescue, rope throws, wade rescues, survival skills, initiative, swim 100 metres in 5 mins. **(Cost \$5)**

- **Accompanied Rescue**

Theory, Rescue Breathing, getting help, wade & resuscitation, slide in entry, stirrup lift, defensive techniques, accompanied rescue, underwater search, surface dive, initiative. **(Cost \$5)**

Bronze Awards

- Bronze Star **(Cost \$20)**
- Bronze Medallion **(Cost \$30)**
- Bronze Cross **(Cost \$35)**

Please Note: Candidates must be 14 years of age to participate in Bronze Medallion or higher.

Higher Awards

- Award of Merit **(Cost \$65)**
- Distinction **(Cost \$70)**

If the award is not obtained within the time frame of the program candidates can contact The RLSSA-SA office (8234 9244) to arrange to complete the award.

ROYAL LIFE SAVING SOCIETY SA BRANCH INC

Po Box 2075, Hilton SA 5033 or Street Location 175 Sir Donald Bradman Drive COWANDILLA SA 5033

Tel: 8234 9244 Email: sa@rlssa.org.au Website: www.sa.royallifesaving.com.au

Program Enrolment Form

Family Details

Parent/Guardian Full Name: _____

Postal Address: _____

Suburb: _____ Post Code: _____

Daytime phone Number: _____ Mobile: _____

Email: _____

Child 1

Name: _____

Date of Birth: _____

Level: _____

Child 2

Name: _____

Date of Birth: _____

Level: _____

Child 3

Name: _____

Date of Birth: _____

Level: _____

How would you prefer to receive correspondence (please circle) POST / EMAIL

PARENT/GUARDIAN CONSENT:

Please fill in attached health forms for each participant in the Centenary Swim & Survive Water Safety Program; please hand the medical forms to the Instructor on the day.

As Parent /Guardian of this child, I give my consent for Him/Her to participate in Swimming/Lifesaving activities and agree to the delegation of authority to the staff and/or Instructors involved.

I submit the attached medical information and include details of limitations, which He/She has for the activities concerned. If this child requires medical treatment as the result of an emergency or accident, then I undertake to meet all the costs involved including ambulance or other conveyancing considered necessary by those in authority.

Any Information, received by Royal Life Saving Society SA Branch will be used for the purpose of the Royal Life Saving Society Centenary Swim & Survive Water Safety Program. Any Confidential Information will be destroyed after completion of the program.

Name of Guardian _____

Signed _____

Date _____

Office use only

Date Application received: _____ Confirmation sent: _____

Date payment received: _____ Amount: _____

I/C notified of enrolment: _____

Receipt no: _____ Credit Card Payment: _____

Please find enclosed my cheque/money order/ Credit Card Details for \$ _____ (made payable to RLSSA SA Branch Inc).

Credit Card Details

Card Type: (*please circle*) VISA / Mastercard

Card Holders Name: _____ Phone No: _____

Expiry Date: _____ / _____ Card Number: _____

SIGNED: _____ Dated: _____

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CONFIDENTIAL HEALTH INFORMATION

Child 1

Name of Child: _____
(Given Names) (Surname)

Date of Birth: _____ Male/Female: _____

Contact Address: _____

Emergency Contact: Name: _____ Telephone No: _____

Preferred Location: _____ Preferred Times: _____

Please Note: please advise RLSS the distance your child can swim

0 – 3mt 3-10mt 10 – 25mt 25mt+ (please circle)

Swim & Survive Level Completed: _____

Rescue Award: Dry Wade Accompanied BS BM BC AM DIS (please Circle)

Medical Conditions

Please indicate Yes or No for each condition. Include all relevant details regarding treatment and medications.

Medical Condition	No	Yes	Details
Heart Problems			
Respiratory Problems (eg asthma)			
Allergies (eg bees)			
Blood Pressure			
Phobias (fears)			
Periodic loss of consciousness			
Epilepsy			
Drug Reactions (eg penicillin)			
Operations (within 2 years)			
Recent Illness			

Other Information:

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Signed: **Date:**

(Candidate or parent/guardian if candidate is under 18 years of age)

Note:
 Any health information given will not prevent you from taking part in the activities unless further medical advice warrants exclusion. The information requested on the health information sheet will be considered confidential by Royal Life Saving and will be treated accordingly.

The information is sought in order to protect and assist you so that the activity may be a safe and enjoyable experience

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CONFIDENTIAL HEALTH INFORMATION

Child 2

Name of Child: _____
(Given Names) (Surname)

Date of Birth: _____ Male/Female: _____

Contact Address: _____

Emergency Contact: Name: _____ Telephone No: _____

Preferred Location: _____ Preferred Times: _____

Please Note: please advise RLSS the distance your child can swim

0 – 3mt 3-10mt 10 – 25mt 25mt+ (please circle)

Swim & Survive Level Completed: _____

Rescue Award: Dry Wade Accompanied BS BM BC AM DIS (please Circle)

Medical Conditions

Please indicate Yes or No for each condition. Include all relevant details regarding treatment and medications.

Medical Condition	No	Yes	Details
Heart Problems			
Respiratory Problems (eg asthma)			
Allergies (eg bees)			
Blood Pressure			
Phobias (fears)			
Periodic loss of consciousness			
Epilepsy			
Drug Reactions (eg penicillin)			
Operations (within 2 years)			
Recent Illness			

Other Information:

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Signed: **Date:**

(Candidate or parent/guardian if candidate is under 18 years of age)

Note:
Any health information given will not prevent you from taking part in the activities unless further medical advice warrants exclusion. The information requested on the health information sheet will be considered confidential by Royal Life Saving and will be treated accordingly.

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CONFIDENTIAL HEALTH INFORMATION

Child 3

Name of Child: _____
(Given Names) (Surname)

Date of Birth: _____ Male/Female: _____

Contact Address: _____

Emergency Contact: Name: _____ Telephone No: _____

Preferred Location: _____ Preferred Times: _____

Please Note: please advise RLSS the distance your child can swim

0 – 3mt 3-10mt 10 – 25mt 25mt+ (please circle)

Swim & Survive Level Completed: _____

Rescue Award: Dry Wade Accompanied BS BM BC AM DIS (please Circle)

Medical Conditions

Please indicate Yes or No for each condition. Include all relevant details regarding treatment and medications.

Medical Condition	No	Yes	Details
Heart Problems			
Respiratory Problems (eg asthma)			
Allergies (eg bees)			
Blood Pressure			
Phobias (fears)			
Periodic loss of consciousness			
Epilepsy			
Drug Reactions (eg penicillin)			
Operations (within 2 years)			
Recent Illness			

Other Information:

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Signed: **Date:**

(Candidate or parent/guardian if candidate is under 18 years of age)

Note:
Any health information given will not prevent you from taking part in the activities unless further medical advice warrants exclusion. The information requested on the health information sheet will be considered confidential by Royal Life Saving and will be treated accordingly.

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