



Guildford & Kalamunda Districts Swimming Club
24 Hour Swim Participation Permission form

I _____, give permission for my son/daughter
_____ to participate in the GK 24-hour Sponsored Swim,
4th-5th June at Guildford Grammar School Senior Pool.

My son/daughter will be staying overnight during the event.

will not be staying overnight during the event.

(Tick as appropriate)

Please list any medical conditions/allergies/medications below:

Emergency contact details:

Name: _____ Mobile: _____

Name: _____ Mobile: _____

I authorise the following person(s) to collect my son/daughter from the pool:

Name: _____ Mobile: _____

Name: _____ Mobile: _____

Signed: _____ Date: _____