

MULLALOO SLSC MARINERS



Participant's details

Surname: _____

First name: _____

Date of birth: _____ / _____ / _____

Address: _____

Parent/Guardian details

Name: _____

Mobile phone: _____

Email: _____

Name of parent/carer responsible for your child during the program: _____

ABOUT YOUR CHILD

Disability

1. Please describe your child's disability: _____

2. What level of support does your child need to participate in Mullaloo Mariner's Nipper activities?

- Requires a high level of support
- Requires minimal support
- Requires no additional support (has age-appropriate physical and interaction skills)

Medical conditions

If you answer 'yes' to any of the following, please attach a copy of your child's detailed emergency medical plan

1. My child has the following impairments: (please tick as many boxes as relevant)

- Hearing
- Speech
- Vision
- Mobility

2. Does your child have epilepsy?

- No
- Yes – type of seizures: _____

3. Does your child have any allergies?

No Yes – specify: _____

4. Does your child have asthma? No Yes

Do they need to take medication during the session? No Yes

What asthma symptoms do they have? _____

5. Has your child had any operations? _____

6. Does your child have any other medical conditions we need to know about? _____

Communication

1. My child is able to: (please tick as many boxes as relevant)

Communicate verbally Understand verbal instructions Make eye contact

Understand non-verbal communication (e.g. hand gestures)

2. My child requires communication aids No Yes

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Other – specify _____

3. Is your child likely to show frustration or distress? No Yes

4. What strategies are successful in calming your child when they are frustrated or distressed?

Mobility

1. My child requires assistance to walk Never A few times Regularly

2. My child has swum in the ocean Never A few times Regularly

3. My child can:

No Yes Hold their breath underwater for 5 seconds

No Yes Tread water/float > 1 minute

No Yes Dog paddle (specify distance) _____

No Yes Swim freestyle (specify distance) _____

4. With swimming, my child:

- Is very competent in deep water
- Can swim unaided with a flotation device
- Cannot swim or does not like swimming
- Requires more than one assistant for support in the water

Additional Information

What does your child like doing? _____

Please specify anything they do NOT like to do? _____

What qualities normally work best in a person supporting your child? _____

SAFETY RULES FOR MULLALOO MARINERS

Before arriving:

- Must apply sunscreen
- Must put on your Mariners uniform (cap and hi-vis rash vest)

On the beach:

- Must follow instructions from trainers or coordinator at all times
- Must stay with the group at all times
- Must NOT leave the beach without a parent/carer, even when going to the toilet
- Must wear your Nippers uniform (cap and hi-vis rash) at all times
- A parent/carer must stay very close to the group at all times (is available if assistance is needed)

Going in the water:

- Must enter the water only when with your trainer or a Water Safety Supervisor
- Must wear a Mariner's hi-vis rash vest and Mariner's cap tied under the chin at all times
- Must swim between the red and yellow flags only

CHECKLIST

ALL SECTIONS BELOW MUST BE COMPLETED

PHOTO

No Yes I have attached a current photo of my child.

MEDICAL

General

No Yes I certify that the information provided on this form is correct.

No Yes I agree that a parent or carer will be present on the and available to assist at all times during the program

No Yes I understand that my child cannot enter the water at any time without the direct supervision of a qualified trainer

If your child has epilepsy

No Yes I understand there are risks associated with my child participating in the Mullaloo Mariners Nipper program and consent to my child participating

No Yes I agree to be with my child when they enter the water at all times

No Yes I have provided a current epilepsy plan

If your child has asthma

No Yes I have provided a current asthma plan

MEDIA CONSENT

No Yes I give permission for any images (still or video) taken of my child during the program may be used for promotional purposes for the Mullaloo Mariners Nipper program, including but not limited to hard copy publications and online channels (e.g. website, social media, YouTube)

Participant's name: _____

Signature of parent/guardian: _____

Print name: _____

Date: _____ / _____ / _____

Please email completed forms to **Dara Mills** at mariners@mullaloo surf.com.au