

Sport Ireland Facilities DAC- Record Form

AquaZone Consent Form Parent/Guardian:

Name of Children:	1.	5.	
	2.	6.	
	3.	7.	
	4.	8.	
Date of Session:	/ /	Time of Session:	
Relevant Medical Information:			
<u>Parent - Contact At Venue</u> (For Duration of Stay):	NAME: PHONE NUMBER:		
<u>Emergency Contact</u> (If contact above in gym/pool or unavailable):	NAME: PHONE NUMBER:		
Please tick (✓) to confirm the below:			
I am the accompanying adult of all children listed above.			
I give permission for the children listed above to enter AquaZone unsupervised by me or any adult.			
I confirm that I will stay on the premises of the National Aquatic Centre.			
I confirm that all children are aged 9 or over.			
I confirm that all children are competent swimmers.			
Consenting Adult Name (BLOCK CAPITALS):			
Signed:		Date:	/ /