Swimming – Certificate of Competence and Consent / Medical Declaration Form

Queensland students participating in high-risk swimming events in a pool at School Sport Swimming Championships (District, Regional, State and National levels), are required to provide parent/carer consent and a medical declaration. Students may also be required to provide a Certificate of Competence to be nominated for competition.

The Certificate of Competence form (below) provides confirmation from a suitably qualified coach/teacher that the student can execute the technique required for each event at a standard which is not likely to cause an unreasonable risk to the safety of themselves, other students, or officials. Should a suitably qualified supervisor determine that a student's technique is unsafe during competition, they may request the student to modify their technique or remove the student from competition. If the student has already qualified for selection during the competition, they may be required to provide a new certificate of competence (or evidence of additional instruction and training from a suitably qualified coach) prior to being nominated for the next level of competition.

Parents/carers must complete the consent and medical declaration sections below (tick all relevant boxes). Students with an identified medical condition must also provide a medical clearance to participate. Failure to submit the consent and medical declaration/ clearance will result in the student being unable to participate in the event/trial.

Student Details			
Student's Name		**Date of Birth**	
School			

Parent / Carer Consent

I, _____ (name of parent) understand the listed field events are considered as high/extreme risk. I give consent for my child (details above) to participate in the following event/s.

☐ **SWIMMING (diving from blocks)**

Signature of Parent: _____ **Date:** _____

Parent / Carer Medical Declaration

I, _____ (name of parent) declare my child (details above) has **NO** identified medical condition/s that may impact their safety during participation in the following high/extreme risk field event/s.

☐ **SWIMMING (diving from blocks)**

Signature of Parent: _____ **Date:** _____

Only complete the following section if your child has an identified medical condition and has been given medical clearance to participate in a specific field event.

I, _____ (name of parent) declare my child (details above) **DOES HAVE** an identified medical condition/s that may impact their safety during participation in high/extreme risk field event/s. I have provided a medical certificate declaring my child is clear to participate in the following event/s.

☐ **SWIMMING (diving from blocks)**

Signature of Parent: _____ **Date:** _____

Swimming – Certification of Competence

I, _____ (name of accredited coach/teacher) certify that the above-mentioned student is competent in the execution of **diving from blocks at all swimming trials and championships.**

Signature of coach/teacher: _____ **Date:** _____

Accreditation: _____ *(Please provide a copy)*

Minimum Qualification:
Supervisors, including registered teachers may hold either:

- swim coach qualification (e.g. development coach accreditation with Swimming Australia or a Towards competitive strokes from AUSTSWIM
- another qualification that demonstrates current aquatic supervision knowledge and skills, such as unit of competency or similar (e.g. Deck Supervisor accreditation with RLSSQ).