**Water Activities Declaration Form**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: |  | | | First name: | |  | |
| Student ID Number: |  | | | Best contact number: | |  | |
| Swimming proficiency and fitness | | | | | | | |
| Are you able to swim or tread water for 10 minutes non-stop? | | | | Yes | | No | |
| Fitness (circle one) | | Low | | Average | | Good | |
| Minutes of vigorous exercise per week: | | 0-30min total | | 30 – 180min total | | More than 180min | |
| Please complete the following information so that we can plan for your safety in the water. | | | | | | | |
| Do you have any of the following conditions? (circle) | | | | | | | |
| Heart disease | | | | | Yes | | No |
| High or low blood pressure | | | | | Yes | | No |
| Shortness of breath (especially when exercising) | | | | | Yes | | No |
| Asthma | | | | | Yes | | No |
| Emphysema or other chronic lung disease | | | | | Yes | | No |
| Epilepsy | | | | | Yes | | No |
| Fits or faints | | | | | Yes | | No |
| Recent head injury or concussion | | | | | Yes | | No |
| Are you pregnant? | | | | | Yes | | No |
| Are you taking prescribed medication? | | | | | Yes | | No |
| Are you aware that at the beach you need to swim between the lifesavers red and yellow flags? | | | | | Yes | | No |
| Are you aware that diving or jumping into an ocean or river or any other water source due to submerged debris or sandbars? You must not perform these hazardous actions during a JCUSA activity. | | | | | Yes | | No |
| Are you aware that you are not to be under the influence of any alcohol or drug for any JCUSA water based activity? | | | | | Yes | | No |
| Are you aware that marine stingers, sharks and crocodiles can inhabit saltwater and in fresh water, there may be crocodiles and bullrout (poisonous stonefish)? | | | | | Yes | | No |
| Signature:  (Parent/Legal Guardian if under 18 years old) | | |  | | | | |
| Date: | | |  | | | | |