

Bushey Amateur Swimming Club

Club Medical Information & Gala Consent Form

Swimmer's name..... Home Telephone No.....
Address:.....
..... Post Code.....
Date of Birth:..... Gender: Male / Female
Full name of Next of Kin
Telephone No. to use in the case of an emergency.....
Email Address:.....
(Address where you would like to receive all correspondence)
Family GP..... Tel.No.....

Do you have any specific medical conditions requiring medical treatment and / or medication?
If so, please give details - including dosage & frequency of any medication:

Do you suffer from Asthma & if so, do you take any medication?
If so, please give details:

Do you have any food, drug or other allergies?
If so, please give details:

Does you suffer from any difficulties (physical, visual or hearing) or learning /recognised behavioural problems that could affect your behaviour while training e.g. ADHD, Epilepsy?
If so, please give details:

Do you have any specific dietary needs?

Declaration

1. To the best of my knowledge & belief, the information given above is true.
2. I understand that it is my responsibility to inform BASC of any material changes in relation to the information supplied on this form.
3. It may be necessary at some time for the teachers, coaches or team management staff accompanying you to have the necessary authority to obtain any urgent treatment that may be required. By signing the declaration below, I am giving consent for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my own interest, in the doctor's medical opinion, for any delay to be incurred by seeking consent from my next of kin.
4. I am aware of the type of activities likely to be undertaken (including organised travel to and from swimming venues).
5. I am aware of the club's rules & acknowledge the need to abide by these conditions at all times. Failure to do so may result in sanctions being applied. In the event that such actions involve expense, I accept a responsibility to meet any such costs reasonably incurred.
6. I acknowledge that the information given will be held by Bushey Amateur Swimming Club and be used solely for the purposes of managing my membership of the club.

Signed by Swimmer:..... Date:.....