

Bushey Amateur Swimming Club

Club Medical Information & Gala Consent Form

To be completed by the parent(s) or carer (s) with parental responsibility for swimmers under 18

Swimmer's name.....	Home Telephone No.....
Address:.....	
.....	Post Code.....
Date of Birth:.....	Gender: Male / Female
Parent/Carer (1) Full Name:.....	
Parent/Carer (2) Full Name:.....	
Parent (1) Mobile No.:.....	Parent (2) Mobile No:.....
Telephone No. to use in the case of an emergency (different from above)	
Email Address:..... <small>(Address where you would like to receive all correspondence)</small>	
Family GP.....	Tel.No.....

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

Does your child suffer from Asthma & if so, does (s)he take any medication?
If so, please give details:

Does your child have any food, drug or other allergies?
If so, please give details:

Does your child require anything to be poolside during training or galas ?

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

Does your child have any specific dietary needs?

By joining BASC you agree to give up some time to volunteer at club events in whatever capacity you are able.

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 your child 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 child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
4. I am aware of the type of activities likely to be undertaken (including organised travel to and from swimming venues) & consent to my child taking part. I acknowledge that the club will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care for my child. I understand that the staff have a common law duty to act in the capacity of a reasonable prudent parent.
5. I am aware of the club's rules & acknowledge the need for my child 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 child's membership of the club.

Signed by Parent / Guardian / Swimmer:..... Date:.....