

Blantyre Amateur Swimming Club PARENTAL CONSENT FORM

THIS FORM MUST BE COMPLETED OR WE WILL NOT BE IN A POSITION TO ALLOW

YOUR CHILD TO TAKE PART IN TRAINING - Please complete all sections

Swimmer's Name :	Date of Birth :	Squad :
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INFORMATION RELATING TO PARENT/GUARDIAN

NAME:		
ADDRESS AND POST CODE:		
CONTACT NUMBERS	HOME	
	WORK	
	MOBILE	
Email:		

EMERGENCY CONTACT INFORMATION (This should be different from Parent/Guardian)

NAME:		
ADDRESS AND POST CODE:		
CONTACT NUMBERS	HOME	
	WORK	
	MOBILE	

INFORMATION RELATING TO YOUR CHILD'S HEALTH

Does your child suffer from any condition requiring medical treatment on a regular basis (e.g.- diabetic, asthmatic, epileptic etc) ?	YES	NO
IF YES, PLEASE GIVE SPECIFIC DETAILS		
Does your child suffer from any known allergies (or major dislikes, eg certain foods, materials or medications) ?	YES	NO
IF YES, PLEASE GIVE SPECIFIC DETAILS		
Has your child received a tetanus injection in the last 5 years ?	YES	NO

DETAILS OF FAMILY DOCTOR

NAME	
ADDRESS AND POST CODE	
PHONE NUMBER	

PUBLICITY PHOTOGRAPHS

I agree that photographs may be taken of my child during the course or events relating to the course and that these can be used for any future publicity material	YES	NO
Please also fill in the photograpic consent form (on website or ask club secretary)		

DECLARATION

I agree to my child taking part in the Swimming Club. I acknowledge the need for good behaviour on his/her part. I agree to my child receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed _____ Date _____

FOR THE SAFETY OF ALL CHILDREN, PARENTS/GUARDIANS SHOULD ESCORT THEIR CHILD INTO THE BUILDING AT THE START OF TRAINING, IN CASE TRAINING EVER HAS TO BE CANCELLED DUE TO UNFORSEEN CIRCUMSTANCES.