



Assessment Date: _____ Age: _____
 Swimmer's Surname: _____ Date of Birth: _____
 First Names: _____ Male / Female: _____
 Address: _____ Email: _____
 _____ Email 2: _____
 _____ Tel: _____
 Postcode: _____ Mobile: _____

Emergency Contact Details

Name: _____ Tel: _____ Mobile: _____
 Name: _____ Tel: _____ Mobile: _____

Previous Lessons/Club: _____

(Club Use Only)	Time	Comments
25m timed swim F/C	_____	_____
25m timed swim Back	_____	_____
25m timed swim Breast	_____	_____
25m timed swim Fly	_____	_____
50m timed swim F/C	_____	Coach/Teacher Name: _____

THIS SECTION MUST BE COMPLETED BY THE PARENT / GUARDIAN

- (a) Does your child suffer from any disability or medical condition, e.g. epilepsy, asthma, etc? **YES / NO**
 (a1) If yes, please note here & complete page 2 _____
- (b) Do you wish your child to be considered for competitive swimming? **YES / NO**
- Important** - tick to confirm you have read and agree to abide by the club constitution.
 The club constitution is available at: www.thameswimmingclub.co.uk

Parent / Guardian Full Name: _____

Signature: _____ Date: _____

(Club Use Only) Accepted into Club – Yes / No Start Date: ___ / ___ / ___ Group: _____

DATA PROTECTION ACT
 The information provided relating to your membership will be held on a computer database for Club use only. The Club may send this information to Swim England and other swimming clubs (e.g. for entry into galas), but will not otherwise pass this information on to any third parties without the prior consent of the Club members.
 The Club may from time to time use photographs of swimmers for publicity purposes. If you do not wish your child to appear in such photographs please write to the Club Secretary.

Medical Information Form

To be completed by members aged 18 years or over, or by parents/carers of members under 18 years.
Please delete 'Yes' or 'No' as appropriate and complete further details as necessary.

Name of member	Date of birth

The Equality Act 2010 defines a disabled person as anyone with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to carry out normal daily activities.

Do you consider this child to have an impairment?	Yes	No
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If yes, what is the nature of their disability?

Visual impairment	Learning disability	Hearing impairment	Physical disability
	Multiple disability	Other (please specify)	

Medical information
Please detail below any important medical information that our organisation needs to know. Such as allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries.

Name of child's doctor:

Surgery:

Address:

Doctor's phone number	
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I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the organisation. Information will not be kept once a person is no longer a member of the organisation. The information will be disclosed only to those members of the organisation for whom it is appropriate and relevant officers of Swim England or British Swimming.

Signed (Member) _____ Date: _____

Signature of Parent/Carer (if member is under 18 years) _____

It may be essential at some time for the coach or team manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition or event with _____.
Would you therefore please complete the details on this form and sign below to give your consent.

I, _____ being the parent/carers of the above named child hereby give permission for the coach or team manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of consent by parent/carers (Print name): _____