



Ware Swimming Club
Membership and Medical Information Form
(PLEASE ENSURE THAT **ALL** DETAILS ARE COMPLETED)

Name of swimmer: _____

Address: _____

Post code: _____

Telephone No.: _____

Mobile Telephone No: _____

E-mail of parent/guardian: _____

Date of birth: _____

Emergency contact – Name _____
Number/s _____

2nd Emergency contact - Name _____
Number/s _____

(Emergency names & numbers MUST be different from the main contact details above)

Name of Doctor: _____

Address: _____

Telephone: _____

Please complete the form below and advise us of any medical conditions and/or allergies and any medicine taken. If you answer YES to any of the questions, please provide further details:

Has your child ever had or been diagnosed with any of the following:

1. Eye disorders or injury: YES / NO _____

2. Ear/Hearing Problems: YES / NO _____

3. Dental: YES / NO _____

4. Severe headaches or migraine: YES / NO _____

5. Allergies: YES / NO _____

6. Asthma, Bronchitis or other chest condition: YES / NO _____

7. Dermatitis/eczema or other skin problems: YES / NO _____

8. Heart problems, rheumatic fever, chest pain: YES / NO _____

9. Eating/Dietary Problems: YES / NO _____

10. Fits, convulsions, blackouts or epilepsy: YES / NO _____

11. Emotional/Anxiety or Depression: YES / NO _____

12. Any problems with muscles/bones/joints: YES / NO _____

13. Has your child ever had a serious allergic reaction to any medication? YES/NO

If Yes, please provide details: _____

Does your child take any regular medication, including inhalers? YES/NO

If yes, please provide details: _____

FURTHER DETAILS

I confirm that my child is fit to swim and that he/she will advise the Coaching team of any medical condition BEFORE starting a training session.

Parent/Guardian's Signature: _____

Swimmers Signature: _____ **Date:** _____

I give permission for these contact details and medical information to be kept on file by Ware Swimming Club in accordance with the Club's Data Protection Policy which is available on the Club website.

I acknowledge receipt of the Rules of Ware Swimming Club (Code of Conduct) and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these Rules.

Swimmers Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____