Evesham Swimming Club.

Emergency Contact Details.

Swimmer's Surname:
First Name:
Date of Birth:
Address: **Home PhoneNo:** **Mobile No:**

Name of Parent/Guardian/Next of Kin ……..
Emergency Contact Tel during swimming sessions…….
…….....

Additional emergency contact (in case above contact is unavailable)
Name……
Tel…….

Medical History (Please include all conditions & allergies i.e. Asthma)
……..
……..
.....
Are you or your child receiving any regular medication YES/NO
(if yes please give details)
……..
……..

Disability or Special Need (if any) .....

Doctors name & Address
……..
……..
……..
Doctors Telephone No (inc code)
……..

In the event that my child is taken ill or has an accident whilst at an official training session or Gala, I hereby authorise an official of Evesham Swimming Club to act in LOC Parentis and to take any emergency action deemed necessary.

Signed;…… **Date:……**

It is a legal requirement that this form be completed and returned with your membership form.