



# Bristol Penguin Olympic Swimming Club - Returning to Training Agreement

Please note: your child will not be allowed to return to training until you have completed this form and returned it to [ellie.bourdeaux@bristolpenguins.com](mailto:ellie.bourdeaux@bristolpenguins.com)

Athlete Name	
Date of Birth	
Name of parent/carer	
Name of doctor	
Contact details of doctor	
Full details of illness/injury and treatment given	
Date of illness/injury	
Place of treatment	
Details of rehabilitation advised by doctor	
Date of clearance by doctor to return to training	
Date of clearance by doctor to compete	
Proposed date of return to training/competition	
Squad	

I have taken advice from the professional medical advisor named above who considers my child fit to return to training at Bristol Penguin Olympic Swimming Club.

I give my consent to Bristol Penguin Olympic Swimming Club's coaches/teachers starting a rehabilitation programme of training and will adhere to the advice given by the coaches/teachers.

SIGNED: ..... (Parent/Carer) Date .....

SIGNED: .....(Athlete) Date.....

**Data Protection:** This data will be held electronically, on a spreadsheet accessible to the welfare officer. Some of this information will be shared with relevant coaches and other club officials where necessary.