**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** [elliebourdeaux@gmail.com](mailto:elliebourdeaux@gmail.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 processional 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.