Enquiry Form

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| **Full Name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **If applicable School attending** |  |
| **Home Telephone** |  |
| **Mobile Telephone** |  |
| **Emergency Contact Name** |  |
| **Emergency Contact Phone Number** |  |
| **Email Address** |  |
| **It is useful to know of present or previous experience of swimming: (for example stage 6 / 7 of swim school lessons or experience with another competitive Club or squad)** |  |

All swimmers, irrespective of ability will be invited to attend a free trial session. This is to assess suitability and if successful what squad you will be assigned to.

Once your application has been received and processed, we will contact you with the next free trial date at the Daventry Leisure Centre Pool. Prior to this, the website has a lot of useful information about the Club.

Thank You please complete next pages

**General Information**

This document gives you the opportunity to give us as much information as possible that you feel may impact your child’s and / or others participation with the emphasis that this information is necessary to ensure that the Club provides the appropriate programme and environment for the member to take part. This also allows the Club to identify where staff may need training. The applicant can list any specific needs on the following pages.

**PLEASE GIVE AS MUCH DETAIL AS POSSIBLE FOR ANY OF THE FOLLOWING:**

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| **Language:** |  |

**Examples: Below**

English may not be first language A deaf swimmer may use British sign language

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| **Learning Difficulties:**Such as dyslexia, dyspraxia, ADHD, ASD (autistic spectrum disorder) Down Syndrome. |  |

**Examples shown Below**

Dyslexia may have an impact on not being able to read instructions on the board.

A learner may not process vital instructions, or the swimmer may not have the ability to socially interact

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| **Physical:** Such asjoint or mobility problems |  |

**Examples shown below**

Osgood Schlatter’s/ knee pain / Hypermobility Syndrome, may not be able to do breaststroke or impact sport

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| **SENSORY:** HEARING / VISUAL (see language also) |  |

**Examples shown below**

Prone to ear infections / glue ear may need to wear ear plugs therefore might not be able to hear instructions.

May not be able to see pace clock/ swimmer might wear goggles with prescription lens

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| **ALLERGIES and INTOLERANCES** |  |

**Examples shown below**

May have food intolerance such as peanuts, this can impact on the type of snacks a swimmer may bring during a training session. The swimmer may carry a Jext pen (formerly known as an EpiPen)

Swimmer may have an intolerance to pool cleaning treatments.

We need to know what the swimmer is allergic or intolerant to as well as the symptoms eg: Skin rashes, inflammation, swelling of soft tissue.

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| **LONG TERM HEALTH CONDITIONS:** Such as asthma, epilepsy, cystic fibrosis, heart conditions, diabetes etc and other conditions that might require an Individual Health Care Plan |  |

**Examples shown below:**

An asthmatic may become breathless and need to use their inhaler

A diabetic may need to get out of the pool to check their blood sugar levels

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| **ANY OTHER ISSUES THAT MAY HAVE AN IMPACT ON TRAINING/ COMPETING / PERFORMANCE** |  |

Exa**mple Shown Below:**

Menstrual periods: The girls may need to go to the toilet more frequently

Irritable bowel: may need to go to the toilet more often

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| **Declarable Medication taken and dosage:** | **When you join make sure this you enter this information into you TU Club Account** |

**Thank You**