



Croydon Amphibians Swimming Club

(Affiliated to S.C.A.S.A., S.C.W.P.& S.A., C.B.S.A., L.W.P.L.)

“Enabling every member to fulfil their potential”

Home/Club Contact and Medical Details

It is important that the club holds current contact details for all swimmers incase of an accident or emergency. Please complete this form and return in a sealed envelope marked Welfare Medical to your squad rep/ a member of the Welfare panel.

Name (s) and address of Swimmer(s) _____ Date of Birth _____

Contact One:

Name:

Relationship to Swimmer

Contact number (Home/mobile)

Contact Two:

Name:

Relationship to Swimmer

Contact number (Home/mobile)

Contact Three:

Name:

Relationship to Swimmer

Contact number (Home/mobile)

Medical Information:

Doctor's name and address:

Telephone Number:

Please complete the following and use an attached sheet if necessary to include any medical details that may affect swimmer performance or that coaches or team managers should be aware of.

Known medical conditions:

(E.g. asthma, allergy, reaction to certain medicine/drugs, previous injury etc. Please include details of early signs and symptoms)

Treatment/medication carried or needed (e.g. epipen, inhaler) Please include any specific advice for your child.

Parent/ Guardian (Name and Signature) _____ **Date:** _____

This information will be held by CASC Welfare and distributed between coaches and/or team managers as necessary. If any of the above should change, please notify the Welfare Officer by e-mail to update records.