

Group

Annual Declaration & Medical Consent
Year 2017/2018



I have read, understood and agree to abide by the Code of Conduct for swimmers of Longford Swimming Club.

Swimmer's Name

Swimmer's Signature

Date

I give my child as listed above permission to participate in the activities of Longford Swimming Club.

I have read, understood and agree to abide by the Code of Conduct for parents/guardians of Longford Swimming Club.

I am witnessing that my child as listed above have read, understood and agree to abide by the Code of Conduct for swimmers of Longford Swimming Club.

I give Longford Swimming Club permission to display photographs of my child as listed above on their notice board, Website/Facebook/Twitter feeds & local newspaper.

I give Longford Swimming Club permission to display details of gala results and other achievements of my child on their notice board and website.

I understand that I am responsible for my child at all times except when they are on deck or in the land training hall. I understand that no supervision will be provided before or after sessions.

I understand that as a parent I have a responsibility to check the deck duty rota (available on the website and notice boards) and supervise my allotted sessions. I understand that if I am unavailable then I must swap with another parent. The committee or coaches will not arrange cover. I understand that if the allotted parent is not present to supervise then the session will be cancelled.

Parent / Guardian Name [please print]: _____

Parent/Guardian Signature: _____ **Date:** _____

The following information is for parents to help us make your lesson a safe and enjoyable experience.

- You notify us of any medical conditions or injuries short term or long term, as they may affect your child's swimming. ***It is important these details are kept up to date.***
- Your child does not attend swimming if they have an open wound, are unwell, have a fever, sore throat and/or cold/ flu like symptoms, including illness such as infectious diarrhoea.
- ***Medication for medical conditions such as Inhalers for Asthma or EpiPen for severe allergies should always be brought to the session with your child.***
- Parents are encouraged to discuss any issues with our Swim Coaches that are relevant to their child's swimming, behaviour or emotional state. Any of these issues may be relevant to any special care they need.

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Medical History

IT IS IMPORTANT TO COMMUNICATE WITH THE COACH AND/OR CLUB SECRETARY AND ALL COMMUNICATION
WILL BE HELD IN CONFIDENCE.

CONSENT FOR MEDICAL ATTENTION

In the event of a medical emergency, I consent for my child to receive medical attention.

Name of G.P.: _____ Tel No: _____

I also agree to inform the club if my child's medical circumstances change which may impact on their safety while swimming.

Parent/Guardian Signature: _____ Date: _____