



Team Bath AS Academy Swimming Taster Session- Saturday 26th May 2018

Name of Swimmer:		DOB:	
Name of parent/ carer accompanying the swimmer to the taster session		Mobile number	
Known Medical Conditions <i>(Including Asthma):</i>			
Medications currently taken:			
Known Allergies:			

Health and Safety Acknowledgement

I acknowledge that I have read and understood the ASA/Team Bath AS Health and Safety Policies and Procedures. I further acknowledge that whilst in attendance for Team Bath AS, I will abide by the Team Bath AS Health and Safety Policies and Procedures.

Disclaimer

All swimmers are reminded that they train and compete at their own risk. Team Bath AS will take all reasonable care, but do not accept liability for loss or injury, howsoever caused.

Signed: _____ (Parent) Date: _____

Signed: _____ (Swimmer) Date: _____