|  |  |
| --- | --- |
| **ATHLETE NAME** |  |
| **SWIM ENGLAND ID No.** |  |
| **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 TO RETURN TO TRAINING** |  |
| **DATE OF CLEARANCE TO COMPETE** |  |
| **PROPOSED DATE OF RETURN TO TRAINING/COMPETITION** |  |
| **LEVEL OF TRAINING SQUAD** |  |

I HAVE TAKEN ADVICE FROM THE PROFESSIONAL MEDICAL ADVISOR NAMED ABOVE WHO CONSIDERS MY CHILD FIT TO RETURN TO \* SYNCHRO/SWIMMING/WATERPOLO TRAINING AT CITY OF BRISTOL AQUATICS.

\*Delete as appropriate

**Data Privacy Notice**

The purpose of the information collected on this form is to ensure that the club provides suitable and appropriate training for an athlete returning from illness or injury; it will be used for no other purpose.

The information you have provided will be processed in accordance with the City of Bristol Aquatics Data Protection Policy, a copy of which is available to all members of the organisation in the Club Documents section of the web site.

The information will be stored electronically and made available only to the welfare officers and those who need the information for the purposes of delivering the rehabilitation programme. It may also be shared with the managers of any regional/national talent programmes on which the athlete is engaged. The information will be destroyed six months after the date agreed for the athlete to return to competition, or immediately should you withdraw your consent, something you can do at any time by informing the club secretary.

The full version of the organisation’s Data Privacy Notice can be found in the Club Documents section of the City of Bristol Aquatics web site.

I GIVE MY CONSENT TO CITY OF BRISTOL AQUATICS TO PROCESS THE INFORMATION I HAVE PROVIDED FOR THE PURPOSE OF CREATING A REHABILITATION PROGRAMME OF TRAINING.

SIGNED: ……………………………………………………………………….DATE ………………………………

(athlete, if 18yrs or older)

SIGNED: ………………………………………………………………….……DATE……………………………….

(parent/carer if athlete under 18yrs)

I WILL ADHERE TO THE ADVICE GIVEN BY THE COACHES.

SIGNED: ……………………………………………………………………….DATE ………………………………

(athlete)

SIGNED: ………………………………………………………………….……DATE……………………………….

(parent/carer of athlete under 18yrs)