|  |  |
| --- | --- |
| C:\Users\David Element\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\W190NPDO\bwfinal copy.png  **West Dorset Swimming Club** |  |

## Health and Emergency Contact Details

**Swimmer / Member Name & Address**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Forename(s) |  |  | Surname |  |  |
|  |  |  |  |  |  |
| Address |  |  | | | |

**Emergency Contacts**

Please give the details of two emergency contacts **and state relationship to the swimmer/member**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name 1 |  |  | Phone |  |
|  |  |  |  |  |
| Name 2 |  |  | Phone |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medical Information** | |  | Doctor’s Address |  |
| Doctor’s Name |  |  |
|  |  |  |
| National Health No. |  |  |
|  |  |  |  |  |
| Medical conditions / Learning or behavioural difficulties |  | | | |
|  | *e.g., Asthma, Diabetes, Epilepsy, Heart Conditions* ***and/or*** *Learning Difficulties (such as Dyslexia, Dyspraxia, Autism, Asperger’s, ADHD) Please detail information the coach needs to know and advise the coach when your child starts please* | | | |
|  |  |  |  |  |
| Medication(s) taken |  | | | |
|  |  |  |  | |
| Known Allergies |  | | | |

**Disability**

|  |  |  |
| --- | --- | --- |
| Do you consider yourself to have a disability? (please tick) | ❑ Yes | ❑ No |

*The Disability Discrimination Act defines a disabled person as “someone with a physical or mental impairment which has a substantial or long term adverse effect on his/her ability to carry out normal day-to-day activities.”*

If yes, what is the nature of your disability?

|  |  |  |
| --- | --- | --- |
| ❑ Visual Impairment | ❑ Hearing Impairment | ❑ Physical Disability |
| ❑ Learning Disability | ❑ Multiple Disability | ❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| (For club use): Disabled Swimmer Category\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Consent for those under 18 years of age:**

*I hereby consent to emergency medical treatment being given in my absence, if necessary, whilst my child is swimming at West Dorset Swimming Club, or representing the club at a swimming gala. I also accept responsibility to notify ANY changes to the above information to the relevant Swimming Coach and the club Membership Secretary.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Parent/Guardian Signature |  |  |  | Date |  |