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Dewsbury Amateur Swimming Club CLG

www.dolphins-asc.co.uk

dewsburyswimmingclub@gmail.com

President: Ron Robinson

**Member Medical Declaration**

All swimmers, or if under 18, a parent or guardian, must complete this medical declaration form BEFORE participating in any activities at Dewsbury Amateur Swimming Club CLG. This form should be completed and returned to the committee at the time of joining the club, as an update if there are changes to a members medical record or on an annual basis as at the request of the club.

|  |  |  |  |
| --- | --- | --- | --- |
| Members Name |  | Date of Birth |  |
|  |  |  |  |
| Gender |  | Age |  |
|  |  |  |  |
| Address |  | Home Phone |  |
|  |  |  |  |
|  |  | Mobile |  |
|  |  |  |  |
|  |  | Email |  |
|  |  |  |  |
| Postcode |  |  |  |
|  |  |  |  |
| GP Name |  | GP Surgery Name |  |
|  |  |  |  |
| GP Address |  |  |  |
|  |  |  |  |
|  |  | GP Phone |  |
|  |  |  |  |
| Postcode |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
|  Do you have any medical conditions? |  |  |
|  Do you use regular medication or use an inhaler? \*\* |  |  |
|  If ‘Yes’ to the above – could you require your inhaler during training or competitions? \*\* |  |  |
|  Do you have any eyesight problems? |  |  |
|  Do you have any hearing problems? |  |  |
|  Do you have any known allergies? Eg to food or medications?  |  |  |
|  If you answered ‘Yes’ to any of the above, please give details including any medication that is taken to assist the club in the event of an incident. Please continue on another sheet if needed.  |  |  |
|  Are there any sensory issues, behavioural challenges or non-diagnosed issues that you feel the club may need to be aware of?  |  |  |

Company Number: 08784754

Registered office: c/o Harrison Blakeley Accountancy Limited, 21 Church Street, Horbury, WF4 6LT

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|  |
| --- |
|  Is there anything else that the club needs to be aware of to make it a safe and enjoyable place for our swimmers? |

In case of medical emergency affecting a child under 18, a coach or club representative will make every effort to contact a parent or guardian.

In the event of a medical emergency and I am unavailable I agree that a club representative may act in loco parentis with respect to emergency first aid treatment on my child including administering any prescribed medication as required.

Name……………………………………………. Signed……………………………………………

Relationship to child ……………………………………….. Date …………………………………

I,………………………………………… (insert member name or parent name if under 18) agree for

the information provided above to be made available to relevant coaching staff and teachers and designated persons of the club to ensure the welfare and health and safety of the swimmers. I confirm the accuracy of the information and will notify the club of any changes throughout my membership.

Signed …………………………………………… (member or parent if under 18) Date ………………

|  |  |
| --- | --- |
| **Official Club Use Only** |  |
| Received By |  |  |
| Name………………………………………………. | Signed ……………………………………… |
| Club Position …………………………………….. | Date ………………………………………… |

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