

Bristol Central Swimming Club
Notification of current Contact Details, Medical Condition & (where appropriate) Parental Consent for All Members

Forename(s)	Surname
Date of Birth	Male/Female
Address	
Postcode	Telephone(s) two numbers required
E Mail	

Do you have a medical condition that is likely to be affected by swimming or we should be aware of? If YES enter details below:

In the unlikely event that contact with a parent or guardian of a swimmer under 18 was unavailable it may become essential for the Senior Club Representative in charge of a swimmer to have the necessary authority to obtain any urgent treatment which may be required whilst at club competition or training. Would a parent therefore complete the details on this form and sign below to give your consent (if the swimmer is under 18).

I.....being parent/guardian of the above named swimmer hereby give permission for the Senior Club Representative available to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature..... (consented by parent/guardian)

Print full name (in capitals).....

Date

Under the Data Protection Act (1984) I agree to the above information being stored on a computer for the purposes of club administration and record-keeping

Signed	(Parent/Guardian if under 18 years)
Date	

Please return to Nicky Booth (Membership and Registration Officer), or via other Club officials, by