



SOUTH TYNESIDE SWIM TEAM

SWIMMERS PROFILE - Please PRINT clearly

SURNAME		D.O.B	/ /
FORENAMES (ALL)		MALE/FEMALE (delete as necessary)	
ADDRESS	POST CODE:		
TEL. NO. (& STD code)		MEMBERSHIP NO.	
MOBILE NO.		A.S.A. NO. (Squads only)	
SCHOOL		PARENTS/ GUARDIANS NAMES	

MEDICAL INFORMATION

tick here if your child takes any regular medication :	If you child has any allergies eg. Peanuts please state below. Please note that any swimmer who uses regular medication ie. inhalers, or tablets, must take their own (and be able to use them) as coaching staff are not allowed to administer any medication at all.		
1st EMERGENCY CONTACT NAME		MOBILE TEL.NO	
RELATIONSHIP TO CHILD		HOME TEL.NO	
ADDRESS		WORK TEL.NO	
2nd EMERGENCY CONTACT NAME		MOBILE TEL.NO	
RELATIONSHIP TO CHILD		HOME TEL.NO	
ADDRESS		WORK TEL.NO	
DOCTORS NAME AND ADDRESS		TEL.NO	

All information given is required for swimmers safety and will be treated in the strictest confidence.
IT IS YOUR RESPONSIBILITY TO NOTIFY THE CLUB OF ANY CHANGES TO THE ABOVE INFORMATION.
 THESE DETAILS WILL BE USED WHENEVER YOUR CHILD REPRESENTS SOUTH TYNESIDE SWIMMING CLUB AT ANY SWIMMING GALA THEY ATTEND.

I hereby consent to any medical emergency treatment being given in my absence, whilst my child is representing South Tyneside Swimming Club at any swimming gala they are attending. I also accept responsibility to notify **ANY** changes to the above information to the relevant Swimming Coach.

Parent/Guardian Signature.....Dated.....