



# SOUTH TYNESIDE SWIMMING CLUB

## SWIMMER'S PROFILE - please *PRINT* clearly

Surname		Date of Birth	...../...../.....
First name(s)		MALE/FEMALE ( <i>delete as necessary</i> )	
Address			
Mobile Number		Membership Number	
School			
Parents' Details	<i>Mother</i> Surname First Name Address (If different from above)	<i>Father</i> Surname First Name Address (If different from above)	
Parents' Contact Numbers			

## MEDICAL INFORMATION

The Equality Act 2010 defines a disabled person as anyone with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to carry out normal daily activities.			
Do you consider this child to have an impairment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what is the nature of their disability?			
<input type="checkbox"/> Visual impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Physical disability <input type="checkbox"/> Multiple disability <input type="checkbox"/> Other (please specify)			
Please detail below any important medical information that our organisation needs to know. Such as allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current dietary requirements and/or any injuries			
<i>Please note that any swimmer who uses regular medication ie inhalers or tablets, must carry their own supply (and be able to use them) as coaching staff are not allowed to administer any medication at all.</i>			
<b>1st Emergency Contact</b>		<b>2nd Emergency Contact</b>	
<b>Relationship to child</b>		<b>Relationship to child</b>	
<b>Address</b>		<b>Address</b>	
<b>Home Number</b>		<b>Home Number</b>	
<b>Mobile Number</b>		<b>Mobile Number</b>	
<b>Work Number</b>		<b>Work Number</b>	
<b>Doctors name &amp; Surgery</b>			
<b>Doctors Number</b>			

All information requested is required for swimmer safety and will be treated in the strictest confidence. These details will be used whenever your child represents South Tyneside Swimming Club at any swimming gala they attend.

**IT IS YOUR RESPONSIBILITY TO NOTIFY THE CLUB OF ANY CHANGES TO THE ABOVE INFORMATION.**

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: \_\_\_\_\_

