

TRAFFORD METROPOLITAN BOROUGH SWIMMING CLUB (TMBSC)
ANNUAL CONSENT AND MEDICAL / EMERGENCY CONTACT FORM

<u>Swimmers Details</u>	
Full Name:	_____
Home Address:	_____ _____ _____
Phone No:	_____
Date of Birth:	____ / ____ / ____

<u>Doctor's Details</u>	
Doctor:	_____
Address:	_____ _____ _____
Phone No:	_____

<u>Parents Details</u>	
Name:	_____
Daytime:	_____
Evening:	_____
Mobile:	_____

<u>Parents Details</u>	
Name:	_____
Daytime:	_____
Evening:	_____
Mobile:	_____

<u>Additional Emergency Contact</u>			
Name:	_____	Home Phone:	_____
Relationship to Swimmer:	_____	Mobile:	_____

<u>Details of any Allergies, Medical Conditions and Treatment about which we should be aware:</u>

I/We _____ give consent for my/our child _____	
to attend Land and Pool Sessions at Sale Leisure Centre and at any other venue organised by the coaches of TMBSC eg., running to and from the local park. I/We also give consent for him/her to attend Galas with TMBSC when requested to do so. I/We also understand that this may require travelling to and from a gala by coach organised by TMBSC. During these periods, I/We entrust the well being and guardianship of my/our Son/Daughter to the team of Staff attending on behalf of TMBSC. In case Parents cannot be reached, I/We grant permission for the TMBSC Staff to provide and/or obtain emergency medical treatment for my/our Son/Daughter and to act ' In Loco Parentis '	
I/We am/are aware that this is an annual form, covering the period from the date below up to 31st August 2009. It is my/our responsibility to notify TMBSC, immediately, of any amendments to the above information.	
Signed Parent/Guardian:	Date: