



Annual Consent Form 2009

This form is to be completed by all members or the parent/guardian of Junior Members. Please ensure that all parts are completed (delete where appropriate).

I agree for the member named below to attend any trip run by Preston Swimming Club. A member of the teaching, coaching or committee team will be in charge of the trip and will be responsible for the health, safety and discipline of all participants.	
First Name:	Surname:
Address:	
Postcode:	
Date of Birth:	Gender: (Please circle) Male Female
Name of emergency contact:	Relationship to member:
Telephone Number:	Mobile:
Do you/your child suffer from any medical, physical, emotional or behavioural conditions we should be aware of? <p style="text-align: center;">YES / NO</p>	If YES, please specify:
Are you/is your child currently undergoing any form of medical treatment or medication? <p style="text-align: center;">YES / NO</p>	If YES, please specify:
Are you/is your child allergic to any food or medication? <p style="text-align: center;">YES / NO</p>	If YES, please specify:
Have you. Your child received a tetanus injection in the last five years?	YES NO (Please circle)
Declaration	
All the information provided to Preston Swimming Club remains confidential and will not be divulged unless in the unlikely event of a medical emergency. I understand that by completing and submitting this form I am giving consent for myself/my child to participate in the relevant activity. Furthermore, I understand that should medical treatment be necessary, every reasonable effort will be made to obtain consent from the emergency contacts named above. However, in an emergency, I authorise the member of Preston Swimming Club staff to consent on my behalf to any medical treatment, which a qualified doctor feels is necessary, this could include inoculations, blood transfusions, surgery or the use of anaesthetics.	
Name:	Member Parent Guardian Carer (Please circle)
Signed:	Date:

Please note that if you/your child are taking any medication then you should complete an ASA Medical Declaration Form. These are available for the Sunday desk at Fulwood or the Membership Secretary.