

SALE SWIMMING CLUB INC. – MEDICAL FORM.

SEASON 20101/20112.

(One form to be completed for each swimmer. Please complete ALL details).

All of the information contained on this form is strictly confidential, and will be made available to the Coaches, Chief Team Manager and Sale Swimming Club Inc. Committee if necessary.

PERSONAL DETAILS OF SWIMMER:

Surname:		Given Names:	
Gender: (circle)	M	F	Date of Birth: / /
Address:	Number	Street	
	Town/ City		Post Code
Telephone:	Home		Mobile

EMERGENCY CONTACTS:

<u>1st Contact</u>		Relationship	
Surname:		Given Names:	
Address:	Number	Street	
	Town/ City		Post Code
Telephone:	Home		Mobile
<u>2nd Contact</u>		Relationship	
Surname:		Given Names:	
Address:	Number	Street	
	Town/ City		Post Code
Telephone:	Home		Mobile

HEALTH CARE DETAILS:

Ambulance Subscription: (circle) YES NO		Member Number:	
Medicare Number:		Expiry Date: ____/____	
Health Care Number:		Expiry Date: ____/____	
Private Health Insurance: (circle) YES NO		Fund:	
Member Number:			
Doctor:		Telephone:	
Address:	Number	Street	
	Town/ City		Post Code
Telephone:	Home		Mobile
Can doctor be contacted at all times? : (circle) YES NO			
Dentist:		Telephone:	
Address:	Number	Street	
	Town/ City		Post Code
Telephone:	Home		Mobile
Can Dentist be contacted at all times? : (circle) YES NO			

CURRENT MEDICAL HISTORY:

Current medical problems:
Allergies:
Sport injuries (Please list any injury which is current/re-occurring):
Regular medications including supplements:
Most recent tetanus booster: ____/____/____

PAST MEDICAL HISTORY:

Have you ever had any of the following? : (circle)

Epilepsy	YES	NO
Diabetes		YES NO
Any heart condition		YES NO
High blood pressure		YES NO
Asthma/Bronchitis		YES NO
Tuberculosis or any lung disease	YES	NO
Chronic muscular or joint issues	YES	NO
Glandular Fever or Chronic Fatigue	YES	NO
Other major illness, injury or operation	YES	NO

If any of the above answers are "YES" please supply details – (attach another sheet if necessary).

EMERGENCY CONSENT:

I/We authorise the Coach/Chief Team Manager in charge to consent, where it is impractical to communicate with me/us, to my/our child receiving such *emergency* medical or surgical treatment, including an anaesthetic, operation or blood transfusion, as may be deemed necessary by a medical practitioner. I/We also agree to pay for all such expenses including any ambulance costs.

<u>Signature</u> Parent/Guardian if under 18 years of age Name/s (please print):	<u>Date</u>
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PHOTO DISCLAIMER:

I/We do/do not give permission for my/our child's photo/s to be used in promotional material produced by Sale Swimming Club Inc. – Club Newsletters, Club Information Booklets or Club Web Page, Newspaper Reports or Visual Media Releases.

<u>Signature</u> Parent/Guardian if under 18 years of age Name/s (please print):	<u>Date</u>
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ARRIVAL AND DEPARTURE FOR TRAINING SESSIONS:

Please indicate below how your child will arrive at and depart from the Lex Glover Aqua Energy Pool Complex for training sessions: (circle)

<u>Arrival:</u>			<u>Departure:</u>		
Car	Yes	No	Car	Yes	No
Bicycle	Yes	No	Bicycle	Yes	No
Alone	Yes	No	Alone	Yes	No
Walk	Yes	No	Walk	Yes	No
Alone	Yes	No	Alone	Yes	No

If there is any change to the above methods of arrival and/or departure, either permanently or as a one off, please let your coach know.

**** Please note that for child safety reasons it is advised that (for children under 10y.o.) a parent or guardian should be present on the pool deck whilst your child is swimming. The Coach on duty is responsible for a number of children who are swimming during their session. If for some reason your child cannot swim (illness, tiredness or other) then they may be at risk if not accompanied by a responsible adult. ****

DECLARATION:

To the best of my/our knowledge, all of the information contained on this form is true and correct.

<p><u>Signature</u></p> <p>Name/s (please print): (Parent/Guardian if under 18 years of age)</p>	<p><u>Date</u></p>
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