



Leyland Barracudas' ASC Team Consent Form

Please complete all sections fully

Name of Child

Date of Birth

Address

Emergency Telephone/Mobile

Parent/Guardian Name

MEDICAL INFORMATION

Doctor's Name

Tel: No:

Surgery Address

Does your child have any specific medical conditions or require any regular medication? YES/NO (If YES please note down details below).

Does your child have any allergies? YES/NO (If YES please note down details below)

.I understand that I should notify the Club if my child is suffering from any other/new illness or injury ASAP.

I being the parent/guardian of the above child give my permission for the coach to give the immediate necessary authority on my behalf for medical/surgical treatment recommended by competent medical authority.

I understand the activities carried out at Swimming Galas and consent to my child taking part with the:

(Indicate which Team if relevant)

I acknowledge that the Club will be liable in the event of any accident only if they have failed to take reasonable steps in their duty of care during the Gala.

I have read the Code of Conduct and I will check the arrangements before each match. I will make arrangements for the collection of my child promptly on return from Galas.

Signature/Print:

Date: