



Your child has been selected to take part or has expressed an interest in taking part in the following event:

Competition

Location

Date

Start time.....

Team Manager.....

Please complete this form and return prior to the event date. Without this information and your written consent your child will be unable to participate in the event.

Child's name.....

DOB.....

Address.....

.....

Telephone/Mobile No.....

Contact numbers of parent or guardian in case of emergency when away from home.

Home Telephone No.....

Mobile.....

TRANSPORT ARRANGEMENTS

Unless stated below swimmers are expected to make their own way to and from events.

HSC transport arrangements (if applicable)

Leaving at

Returning at:.....

Transport Method:.....cost.....

If not accompanying your child please indicate pick up and drop off arrangements for your child.

.....

.....

Club Officials cannot be responsible for transporting children home after events.

DECLARATION *(Only Complete this section if you intend to accompany your child)*

I will be accompanying my child to this event.

I confirm that I have received the details of the above event and consent to my child taking part in the activities indicated.

Signature.....(Consent by parent/guardian)

Date.....

IF YOU INTEND TO LEAVE YOUR CHILD IN THE CUSTODY OF ANOTHER PARENT/COACH YOU WILL NEED TO COMPLETE THE REMAINDER OF THE FORM.

MEDICAL INFORMATION

GP Name.....

Surgery.....

Address.....

Telephone.....

Does your child have any medical conditions requiring treatment? NO YES

Yes (Please give details).....

.....

Does your child take any medication? NO YES

Yes (Please give details).....

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Does your child have any allergies? NO YES

Yes (Please give details).....

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Please provide any other relevant information

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DECLARATION

I will not be accompanying my child to this event.

In my absence I have requested..... to supervise my child (please nominate a responsible adult who has agreed to supervise your child.)

Please note this is an agreement between individual parents.

I confirm that I have received the details of the above event and consent to my child taking part in the activities indicated.

I..... being the parent/guardian of.....hereby give my permission for the team manager to give immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my sons/daughters best interest, in the doctors medical opinion for any delay to be incurred by seeking my personal consent.

Every effort will be made to contact you from the information you provide on this form.

Signature..... (consent by parent/guardian)

Date