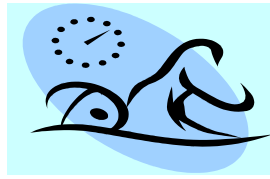


ANDOVER SWIMMING & WATER POLO CLUB

www.andoverswimming.co.uk



ASWPC - CONSENT

SURNAME:	FIRST NAME:
ADDRESS:	POSTAL CODE:
DATE OF BIRTH:	
E-MAIL:	
TELEPHONE NUMBER:	
MOBILE NUMBER:	
Child Protection: All ASWPC Coaches, Teachers, Helpers, Team Managers and Chaperones hold a current Criminal Records Bureau Disclosure.	
The taking of photographs or use of video equipment by parents or other members of the public during Club activities is forbidden.	
I consent for ASWPC to video the participant for stroke analysis.	YES / NO
I consent for ASWPC to video the participant for teacher/coach training.	YES / NO
I consent for ASWPC to take photos of the participant during competitions.	YES / NO
I consent for ASWPC to use photos of the participant to accompany press releases.	YES / NO
I agree that my child can be photographed or videoed by ASWPC for the reasons stated above. NAME:	
SIGNATURE:	
I agree that I may be photographed or videoed by ASWPC for the reasons stated above. (18YRS+) NAME:	
SIGNATURE:	

ASWPC - CODE OF CONDUCT

A copy of the ASWPC Code of Conduct can be found on the swimming club notice board, or on the club website www.andoverswimming.co.uk .
SWIMMER – I have read the ASWPC Code of Conduct NAME:
SIGNATURE:
PARENT I have read the ASWPC Code of Conduct NAME:
SIGNATURE:

EMERGENCY CONTACT DETAILS

PLEASE USE BLOCK CAPITAL LETTERS

SURNAME:	FIRST NAME:
ADDRESS:	POSTAL CODE:
DATE OF BIRTH:	
E-MAIL:	
PARTICIPANTS TELEPHONE NUMBER:	
PARTICIPANTS MOBILE NUMBER:	
1ST EMERGENCY CONTACT NAME:	TEL NO:
	MOBILE:
* The 2nd Emergency Contact must live at a different address from the Participant.*	
2ND EMERGENCY CONTACT NAME:	TEL NO:
	MOBILE:
NAME OF DOCTOR: SURGERY ADDRESS:	TEL :
DOES THE PARTICIPANT CURRENTLY TAKE ANY MEDICATION? List:	YES / NO
DOES THE PARTICIPANT CURRENTLY HAVE ANY ALLERGIES? List:	YES / NO
DOES THE PARTICIPANT HAVE ANY MEDICAL CONDITION THAT WE NEED TO KNOW ABOUT? List:	YES / NO
PERMISSION TO ADMINISTER PARACETAMOL IF REQUIRED?	YES / NO
DOES THE PARTICIPANT CARRY AN EPIPEN?	YES / NO
DOES THE PARTICIPENT HAVE A DISABILITY OR LEARNING DIFFICULTY? List:	YES / NO
PARTICIPANTS SIGNATURE:	DATE:
(IF UNDER 18): PARENTAL NAME :	
(IF UNDER 18): PARENTAL SIGNATURE:	DATE: