

**SCHOOL OF SWIMMING
DEVELOPMENT**
SWIMMING TRAINING COURSE:
BRYANSTON 12 – 18 AUGUST
2018

PLEASE ENSURE YOU HAVE READ THE COURSE INFORMATION LEAFLET BEFORE COMPLETING THIS FORM. MINIMUM AGE 11 YEARS, (as at 31 Dec 2018)

Surname _____ First Name _____

Date of Birth _____ Female / Male* *Delete as applicable*

Club _____ ASA/Swim England Number _____

Address _____

Telephone No _____

e-Mail _____

Personal Best Times (converted to short course pool) – complete as much as possible:

	50m	100m	200m
Butterfly			
Backstroke			
Breaststroke			
Freestyle (Mandatory 100m)			
Ind. Medley (Mandatory 200m)	-- Not Applicable --		

Pool Training: No of Sessions per Week _____ Duration of Sessions _____

Land/Gym Training: No of Sessions per Week _____ Duration of Session(s) _____

Parent's/Guardian's Signature (if under 18 yrs)

Closing Date for applications **25th MAY 2018**, together with a **£50.00 DEPOSIT** (Cheques to be made payable to the **ASA South West Region**). **Deposits will only be returned if application is unsuccessful.** Acceptance will be advised by ?? June 2018.

ALL APPLICATIONS TO BE ACCOMPANIED BY A STAMP ADDRESSED ENVELOPE

Hon Secretary: Mr Neil Harper
22 Clarence Grove Road
Weston Super Mare
North Somerset
BS23 4AQ Tel: (01934) 622233
e – mail n.harper@tesco.net

PLEASE ENSURE THAT NO CORRESPONDENCE IS SENT TO BRYANSTON SCHOOL

Page 2 'MEDICAL, DIETARY & EMERGENCY CONTACT INFORMATION' Must Be Completed

Medical, Dietary & Emergency Contact Information

Swimmer Name _____

Medical & Allergy

NHS number (if known)	
Any known allergies (Please list)	
Medical condition which the applicant has experienced in the past five years	
If applicable, please state any specific action to be taken in the event of an emergency <i>(Continue on separate sheet if necessary)</i>	
Any medication if yes, please list dose and frequency. (Up to past five years) <i>(Continue on separate sheet if necessary)</i>	
Doctor Surgery name and Telephone Number (inc area code)	

Qualified medical team is on duty throughout the course to treat injuries, perform First Aid and dispense simple medication: Paracetamol – for pain or fever. Merocets – sore throat lozenges. Simple Linctus – for coughs.

All personal medication brought on campus must be given to the medical team upon arrival.

Dietary Requirements

If applicable, please state any specific dietary requirements	Only non-humans
---	-----------------

Emergency contact details (preferably 2).

Emergency Contact Name	Relationship	Phone Number (with area code)

Important – Please tick all of the following boxes.

<input type="checkbox"/>	<i>I agree that I am happy for my son/daughter (if under 18yrs of age) to receive medical attention from the medical team.</i>
<input type="checkbox"/>	<i>In case of emergencies I give permission for the medical team to act in loco parentis.</i>

**SCHOOL OF SWIMMING
DEVELOPMENT**
SWIMMING TRAINING COURSE:
BRYANSTON 12 – 18 AUGUST
2018

<i>I confirm Tetanus injections are up to date</i>
--

Any changes to the above must be notified immediately.

DRAFT