



Swimmer Information: 2018

Name: _____

Date of Birth: _____ ASA Number: _____

Contact details:

1 Name - _____	Number - _____
	Email - _____
2 Name - _____	Number - _____
	Email - _____

Medical Information (including asthma and allergies):

Disability, classification code and any assistance required (if applicable):

Transport:

I understand that the swimmer will be required to wear a seat belt and to remain seated whilst on the team coach

Poolside:

I understand that swimmers will be required to stay on poolside at all times throughout the duration of the gala to support their team

I understand that swimmers will ask for permission from Coalville poolside helpers to leave poolside during the gala, for example to use the toilets

Signed:

Swimmer - _____ Date - _____

Parent/Guardian - _____ Date - _____