



DREAM BELIEVE ACHIEVE

CHILD INFORMATION FORM

Please complete this form if there is any information that we need to know about your child

The ASA requires the Club to keep records relating to swimmers with medical conditions (e.g. asthma) and disabilities (e.g. deafness). We also like to know any other information that will help us to teach your child. These records will be kept on the Club's Membership Database (currently on a computer at the home of Sue Morrell) and will only be shared with Swimming Coaches and Team Managers.

Swimmers (or their parents) should complete the form below and return it to Sue Morrell (either via the desk or by post to: Sue Morrell, 39 Claremont Road, Teddington, TW11 8DH)

Please contact us if there are any changes during your membership.

Surname		First name(s)		D.O.B.	DD/MM/YY
Address				Post code	
Telephone Number		Email			
Emergency Contacts (please supply two numbers)	1.(Name, Relationship & no.)		2.(Name, Relationship & no.)		
Disability Any medication taken					
Behavioural issue Any medication taken					
Medical condition Any medication taken					
Understanding of English language					
Other information (e.g. Prescription goggles)					
Name and signature of parent					