

Health Declaration, Swimming and Emergency Contacts

Name.....

I declare to the best of my knowledge I am medically fit to undertake the course. I understand that neither the club nor its instructors accept any responsibility for any loss, damage or injury to course members or their property during training.

Signature.....Date.....
(signature of parent if under 18)

In case of an accident or emergency, please let us know of any underlying medical conditions, such as epilepsy, disability, giddy spells, asthma, diabetes, angina or other heart condition, acute allergies etc. (if none, write none):

Details of any medical treatment being received (if none, write none):

Swimming: please tick the appropriate box below

- I am a competent and confident swimmer
- I can swim but I am not confident
- I cannot swim but am confident in the water.

Emergency contact details

Name.....

Phone number.....

Health Declaration, Swimming and Emergency Contacts

Name.....

I declare to the best of my knowledge I am medically fit to undertake the course. I understand that neither the club nor its instructors accept any responsibility for any loss, damage or injury to course members or their property during training.

Signature.....Date.....
(signature of parent if under 18)

In case of an accident or emergency, please let us know of any underlying medical conditions, such as epilepsy, disability, giddy spells, asthma, diabetes, angina or other heart condition, acute allergies etc. (if none, write none):

Details of any medical treatment being received (if none, write none):

Swimming: please tick the appropriate box below

- I am a competent and confident swimmer
- I can swim but I am not confident
- I cannot swim but am confident in the water.

Emergency contact details

Name.....

Phone number.....