



Carnegie Swimming Club : Lessons Registration Form



Swimmer Details

Date Started:

First Name:

Last Name:

Date Of Birth:

Home & mobile No:

Contact Details

Address:

Email:

Emergency Contact 1

Emergency Contact 2

Swimmers Medical Details

GP's Name:

GP's Phone:

Any medical/physical condition that coaches need to be aware of (eg sight impairment, deafness, epilepsy, asthma, dyslexia, etc). Is the swimmer taking any medication (provide details)

Condition:

Medication:

Consent for Filming and Photographs

Coaches may use Videos and/or Cameras during training sessions to analyse techniques and performance. Video evidence of this nature is for internal club use only and shall not be shown to any external agency without the express consent of both the swimmer and their guardian(s).

We may take photographs for appropriate media coverage including newspapers, websites or sponsor letters. A swimmer’s modesty is protected at all times.

I consent to the use of photographs or video for

- For use on Carnegie Swimming Club website or CSC promotional material
- For use on Carnegie Swimming Club Facebook or Twitter pages

Parent / Guardian Signature:	
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Declaration

All information on this form will be held on a database and will remain the property of Carnegie Swimming Club. It will not be used for any external purposes. Swimmer medical/physical condition and information will be confidential and known only to the Beginners Co-ordinator and the swimmer’s teachers. It is the responsibility of Parents / Guardians to inform the club of any changes to the information given.

Signed:
(Parent/
Guardian)

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Date:

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