



Swimmer Information (*compulsory information)

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Age: ____ (As of 1st October) Gender: Male / Female

Address: _____

Suburb: _____ Post Code: _____

Email Contact: _____

Home Phone: _____ Mobile Phone: _____

Is the Swimmer an Australian Citizen: Yes / No

Emergency Contact Information for Swimmer (*compulsory information)

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Swimmer: _____

Emergency Contact Home Phone: _____

Emergency Contact Business Phone: _____

Emergency Contact Mobile Phone: _____

Registering Parent (*compulsory information)

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Age: ____ (As of 1st October) Gender: Male / Female

Address: _____

Suburb: _____ Post Code: _____

Email Contact: _____

Home Phone: _____ Mobile Phone: _____

Emergency Contact Information for Parent (*compulsory information)

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Parent: _____

Emergency Contact Home Phone: _____

Emergency Contact Business Phone: _____

Emergency Contact Mobile Phone: _____



West Coast Swimming Club

West Coast Swimming Club Medical Form 2020 / 21

Our insurance requires that we have current medical information and parental permission for use in emergencies; a new medical information form is required each season. Forms are returned to the Club Registrar.

ALL INFORMATION WILL BE HELD IN CONFIDENCE BY YOUR CHILD'S COACH

Swimmer Information

Last Name: _____ First Name: _____ Middle Initial: _____

Birth Date: ____/____/____ Age: ____ (As of 1st October) Gender: Male / Female

Ambulance Subscription: Yes / No Membership Number: _____

Medicare Number: _____

Private Health Insurance: Yes / No

Fund Name: _____ Membership No: _____

Allergies: Yes / No

If yes, please provide details of nature of allergy and usual treatment?

Asthma sufferer: Yes/No

If yes an Emergency Asthma Management Plan should be attached.

Any other current or past medical condition (eg; diabetes, heart condition): Yes/ No

If YES, provide details:

For all ongoing medical conditions a general or condition specific health care plan should be completed by your child's doctor advising coaching staff of implications for training programs, participation in competition, warning signs and recommended responses. (diabetes, epilepsy / seizure disorders, heart conditions, oncology treatment, severe allergies / anaphylaxis etc)

Have doctor's instructions been provided in writing and attached to this form? Yes / No

Medic Alert Number (if relevant) _____

Please list ALL medication currently being taken:

Medical Practitioner or Specialist: Name _____

Address: _____

Suburb: _____ Post Code: _____

Contact Phone Number: _____

Emergency Contact Information (*compulsory information)

Last Name: _____ First Name: _____ Middle Initial: _____

Relationship to Swimmer: _____

Emergency Contact Home Phone: _____

Emergency Contact Business Phone: _____

Emergency Contact Mobile Phone: _____

In the event of accident or illness, I authorise the person in charge, (where it is impractical to communicate with me), to obtain such medical or surgical treatment deemed necessary for my child. I agree to pay all fees and expenses.

Please note: West Coast Swimming Club and Swimming SA collect membership information in accordance with Swimming Australia's Privacy Policy.

Signature of Parent / Guardian: _____

Name of Parent / Guardian: _____

Date: _____