

RAUMATI SWIMMING CLUB

PARENTAL CONSENT AND EMERGENCY INFORMATION FOR TRAVELLING AWAY SWIM MEETS

Name of Swim Meet _____

Attached is a sheet outlining accommodation and travel arrangements, contact phone numbers, Coaches and Team Managers, and any special requirements to take eg: food and snacks.

Date of Competition _____

Place to be Held _____

Method of Transport _____

Changes/Cancellations

I understand that if my or the swimmers actions necessitate changes to accommodation or transportation requirements after the swimmer has confirmed their attendance at the meet and the bookings have been made, I may be liable for any costs the club incurs.

Expectations and Instructions

(Please refer to attached Code of Conduct)

In the event any of the attached expectations or instructions are violated, I understand the Team Officials reserve the right to remove the swimmer from attending the swim meet and may be sent home if necessary and will be subject to appropriate disciplinary consequences.

I REQUEST THAT THE BELOW NAMED SWIMMER BE ALLOWED TO TRAVEL WITH RAUMATI SWIMMING CLUB TO COMPETE IN THE ABOVE NAMED SWIM MEET AND CONSENT TO THAT SWIMMER'S PARTICIPATION.

Name of Swimmer _____

Parent/Guardian signature _____ Date _____

Swimmer Signature _____ Date _____

Parent/Legal Guardian Medical Emergency Authorisation

In the event of a medical emergency while my child is competing at a National Meet, I authorise Raumati Swimming Club officials to release the following information to the appropriate healthcare providers. I understand club officials will use the contact information below to contact me in the event of such emergency.

If any emergency medical procedures or treatments are required during the trip, I consent to the Team Manager arranging for and consenting to the procedures or treatments that are deemed necessary. I will pay for the costs of any such medical procedures or treatments.

Parent/Legal Guardian signature

Date

Emergency Contact Information

1st Choice

2nd Choice

Name: _____

Phone: _____
(day) (night) (day) (night)

(mobile) (mobile)

Emergency Medical Information (Please complete as applicable)

Family Doctor: _____ phone: _____

Does your swimmer have any medical problems?

e.g. Diabetes, Asthma, heart problem, other

Date of last Tetanus booster: / /

My child is allergic to:

Medication taken routinely:

Special health needs / Other problem/s:

e.g. dietary requirements, sleep walks

This form must be kept with club officials at all times during the trip.