Seaclose Swimming Club

Registration Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SWIMMERS DETAILS** | | | | | | | | | |
| Forename: | | | | | | | Male / Female | | |
| Surname: | | | | | | | | | |
| Address: | | | | | | | | | |
|  | | | | | | | | | |
| Postcode: | | | | | | | D.O.B: | | |
| Home Phone: | | | | | | | | | |
|  | | | | | | | | | |
| PARENT/CARER DETAIL | | | | | | | | | |
| Forename | | | | | Forename | | | | |
| Surname | | | | | Surname | | | | |
| Mobile | | | | | Mobile | | | | |
| E-Mail | | | | | E-Mail | | | | |
|  | | | | | | | | | |
| **ADDITIONAL CONTACT IN CASE OF EMERGENCY** | | | | | | | | | |
| Name: | | | | | | | | | |
| Tel No: | | | | | | | | | |
| Relationship to swimmer: | | | | | | | | | |
|  | | | | | | | | | |
| HEALTH / DISABILITY DETAILS | | | | | | | | | |
| Please provide the following health information so that our teachers and helpers are aware of any potential problems and take the appropriate action in the event of an occurrence. **Please tick** | | | | | | | | | |
| Asthma | | Visual impairment:  Short sighted ( ) Long sighted ( ) | | | | | | ADHD | |
| Epilepsy | |  | | | | | | Autism | |
| Diabetes | | Hearing impairment | | | | | | Aspergers | |
| Allergy to Penicillin | | Colour Blind | | | | | | Dyspraxia | |
|  | | | | | | | | | |
| Physical disability – please specify | | | | | | | | | |
| Learning difficulty – please specify | | | | | | | | | |
| Language difficulty – please specify | | | | | | | | | |
| Other – please specify | | | | | | | | | |
| Is your child taking medication that we should be aware of (i.e inhaler), please give details | | | | | | | | | |
| **Doctors Name** - | | | | Doctors Surgery - | | | | | |
|  | | | | | | | | | |
| **ETHNIC ORIGIN** - Please tick | | | | | | | | | |
| White | Mixed | | Asian | | | Black | | | Chinese/Other |
| British | White & Black Caribbean | | Asian British | | | Black British | | | Chinese |
| Irish | White & Black African | | Indian | | | Black Caribbean | | | Japanese |
| Other | White Asian | | Pakistani | | | Black African | | | Other |
|  | Other | | Bangladeshi | | | Other | | |  |
|  |  | | Other | | |  | | |  |
| Please specify any other: | | | | | | | | | |
|  | | | | | | | | | |
| **Previous swimming details –** please complete badge details on reverse | | | | | | | | | |

#### Your consent is required for the following: -

The above details along with swimmers progress records may be kept on a Computer database and will only be used for the strict use of Seaclose Swimming Club.

###### I confirm that the information on this form to the best of my knowledge is correct

|  |  |
| --- | --- |
| Signed | Date |
| Print Name |

Badge Details – please tick

|  |  |  |
| --- | --- | --- |
| Distance | Waterskills | Skills |
| 5m | Grade 1 | Teddy bear 1 |
| 10m | Grade 2 | Teddy bear 2 |
| 15m | Grade 3 | Teddy bear 3 |
| 20m | Grade 4 | Octopus 1 |
| 25m | Grade 5 | Octopus 2 |
| 50m | Grade 6 | Octopus 3 |
| 75m |  | Goldfish 1 |
| 100m |  | Goldfish 2 |
| 200m |  | Goldfish 3 |
| 400m |  | Angelfish 1 |
| 600m |  | Angelfish 2 |
| 800m |  | Angelfish 3 |
| 1000m |  | Shark 1 |
| 1500m |  | Shark 2 |
|  |  | Shark 3 |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Other – please specify | | |
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