



Derventio eXcel Spring Swim Clinic Series 2012

Consent Form

To be completed by the parent/guardian of the swimmer

Swimmer: _____ Club: _____ Date of Birth: _____

Please list details of any allergies or medical conditions (including asthma) that require treatment and/or regular medication.

Behaviour and Declarations:

I have impressed on my child the need for good behaviour at all times. He/She will carry out the instructions of the DX coaching team at all times. I understand that should my child misbehave, they may be excluded from this and any future camps. To the best of my knowledge and belief, the information given above is complete and accurate. In the event of a medical emergency, I give permission for a member of the DX coaching team to consent to medical treatment by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent. This will be undertaken as part of the coaches duty of care.

I am aware of the type of activities likely to be undertaken and consent to my child taking part. I acknowledge that the Club will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care for my child. I understand that the DX coaching team have a common law duty to act in the capacity of a reasonable prudent parent.

Signed: _____ Date: _____

Print Name: _____ Relationship to Swimmer: _____

Address: _____

Telephone No: _____ Emergency Telephone No: _____

