

City of Lincoln Pentaqua Swimming Club Medical Record Form

Swimmer's Details

Swimmers Name: _____

Address: _____

Date of Birth: _____

ASA Reg. No (-if known): _____

What squad is the swimmer in? _____

Parent/ Guardian Contact Details: please provide two adult contact numbers in the event of an emergency

E-Mail Address: _____

Address: _____

Post Code: _____

Home Telephone Number: _____

Mobile: _____

Swimmer's Medical Details (Please note all details will be treated in confidence and retained by City of Lincoln Pentaqua Swimming Club):

Does the swimmer suffer from any medical conditions? – if so please provide details

Is the swimmer taking any regular medication? – if so please provide details:

Is there any other information your swimmer's coach should be aware of? – if so please provide details:

Please return this completed form to the Club Membership Secretary