**PLEASE ENSURE YOU HAVE READ THE COURSE INFORMATION LEAFLET BEFORE COMPLETING THIS FORM. MINIMUM AGE 11 YEARS, (as at 31 Dec 2018)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Surname** |  | | **First Name** |  | |
| **Date of Birth** |  | **Female / Male\*** | *Delete as applicable* | | |
| **Club** |  | | **ASA/Swim England Number** | |  |
| **Address** |  | | | | |
| **Telephone No** |  | | | | |
| **e-Mail** |  | | | | |

Personal Best Times (converted to short course pool) – complete as much as possible:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **50m** | **100m** | **200m** |
| **Butterfly** |  |  |  |
| **Backstroke** |  |  |  |
| **Breaststroke** |  |  |  |
| **Freestyle**  ***(Mandatory 100m)*** |  |  |  |
| **Ind. Medley**  ***(Mandatory 200m)*** | -- Not Applicable -- |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Pool Training: No of Sessions per Week |  | Duration of Sessions |  |
| Land/Gym Training: No of Sessions per Week |  | Duration of Session(s) |  |

Parent’s/Guardian’s Signature (if under 18 yrs) ……………………………………………………………………………

Closing Date for applications **25? MAY 2018**, together with a **£50.00 DEPOSIT** (Cheques to be made payable to the **ASA South West Region)**. **Deposits will only be returned if application is unsuccessful.** Acceptance will be advised by ?? June 2018.

***ALL APPLICATIONS TO BE ACCOMPANIED BY A STAMP ADDRESSED ENVELOPE***

## Hon Secretary: Mr Neil Harper

**22 Clarence Grove Road**

**Weston Super Mare**

**North Somerset**

**BS23 4AQ Tel: (01934) 622233**

**e – mail n.harper@tesco.net**

### PLEASE ENSURE THAT NO CORRESPONDENCE IS SENT TO BRYANSTON SCHOOL

**Page 2 ‘MEDICAL, DIETARY & EMERGENCY CONTACT INFORMATION’ Must Be Completed**

Medical, Dietary & Emergency Contact Information

|  |  |
| --- | --- |
| **Swimmer Name** |  |

***Medical & Allergy***

|  |  |
| --- | --- |
| NHS number (if known) |  |
| Any known allergies (Please list) |  |
| Medical condition which the applicant has experienced in the past five years |  |
| If applicable, please state any specific action to be taken in the event of an emergency  *(Continue on separate sheet if necessary)* |  |
| Any medication if yes, please list dose and frequency.( Up to past five years)  *(Continue on separate sheet if necessary)* |  |
| Doctor  Surgery name and Telephone Number (inc area code) |  |

*Qualified medical team is on duty throughout the course to treat injuries, perform First Aid and dispense simple medication: Paracetamol – for pain or fever. Merocets – sore throat lozenges. Simple Linctus – for coughs.*

*All personal medication brought on campus must be given to the medical team upon arrival.*

***Dietary Requirements***

|  |  |
| --- | --- |
| If applicable, please state any specific dietary requirements | Only non-humans |

***Emergency contact details (preferably 2).***

|  |  |  |
| --- | --- | --- |
| Emergency Contact Name | Relationship | Phone Number (with area code) |
|  |  |  |
|  |  |  |

***Important*** *–* ***Please tick all of the following boxes.***

|  |  |
| --- | --- |
|  | *I agree that I am happy for my son/daughter (if under 18yrs of age) to receive medical attention from the medical team.* |
|  | *In case of emergencies I give permission for the medical team to act in loco parentis.* |
|  | *I confirm Tetanus injections are up to date* |

***Any changes to the above must be notified immediately.***