



Teaching the Island
to swim since 1865

JUNIOR MEMBER APPLICATION (under 18) 2017

Welcome to Jersey Swimming Club. To ensure that the club has your child's correct contact details please complete this form and return to the Club Administrator. If you are under 18 please ask you parent or guardian to sign this form. Club coaches need to know this information to ensure the safety and well-being for all children attending sessions.

| | |
|---|--|
| Swimmer's Name | |
| Swimmer's DOB | |
| Gender | |
| Address | |
| Home telephone number | |
| Mobile number* | |
| Email address* | |
| Emergency contact name | |
| Emergency contact number | |
| Details of any known medical conditions special/ dietary requirement/allergies/disability | |

* Mobile numbers and email addresses provided should be that of the parent or guardian.

Parent/Guardian Statement

I will inform the club coach of any important changes to my child's health, medication or needs and also of any changes to our address or contact telephone numbers provided. Having parental responsibility for the above named child I give permission for medical treatment to be administered by a nominated first aider or qualified medical practitioner in the event of illness, accident or injury. I understand in the event of illness, accident or injury all reasonable steps will be taken to contact me.

| | |
|---------------------------|--|
| Parent/Guardian Signature | |
| Print Name | |
| Date | |

Data Protection Law (Jersey) 2005 the information provided by you on this form is required by Jersey Swimming Club for the purpose of club administration and appropriate coaching. Children's information supplied by you will be disclosed to the sports coach. The information will be securely disposed of when the child membership is terminated.