

ASA SOUTH WEST REGION

*Delete where applicable

THE ASA SW REGION SCHOOL OF SWIMMING DEVELOPMENT
SWIMMING TRAINING COURSE: BRYANSTON 12 – 18 AUGUST 2012

APPLICATION FORM

SURNAME FIRST NAMES

ADDRESS.....

.....CLUB.....

TELEPHONE NO:..... DATE OF BIRTH *MALE / FEMALE

PLEASE BE SURE YOU HAVE READ THE COURSE INFORMATION LEAFLET BEFORE COMPLETING THIS FORM RE SELECTION CRITERIA. MINIMUM AGE 11 YEARS, (as of 31.12.2012)

County/District events you have or intend to enter in 2012 - DISTRICT-----

-----COUNTY-----

-

Personal best times converted to 25m – complete as much as possible:

F/S - 50 Ba - 50 Br - 50 Fly - 50

F/S – 100..... Ba – 100 Br -100..... Fly – 100.....

F/S - 200..... Ba – 200 Br – 200..... Fly – 200

200 - IM (Mandatory)..... 400IM

Land Conditioning currently practised

Training: No of Sessions per Week Duration of Sessions Average Distance per Session.....

Club Coach’s Brief on Swimmer & Ratification of above Times

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Coach’s Name Tel No Signature.....

Please complete sheet 2 for Medical Information.

PLEASE NOTE: ALL SWIMMERS TO BE UP TO DATE WITH TETANUS INJECTIONS

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

Club Secretary’s Signature (Verification of above in line with info leaflet).....

This Form must be completed, approved by your Club Coach/Secretary, and returned to me **BY 21 MAY 2012**, together with a **£50 DEPOSIT** (Cheques to be made payable to the **ASA South West Region**). Acceptance will be advised by 11 June 2012.

PLEASE NOTE:

Deposits will only be returned if application is unsuccessful.

CHEQUES MADE PAYABLE TO THE ASA SW REGION ONLY PLEASE 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 YOU MUST ALSO COMPLETE SHEET 2 RE ‘MEDICAL INFORMATION’

SHEET 2

MEDICAL INFORMATION

SWIMMERS DETAILS

Name _____

Please state any medical condition or allergies which we should know about

Doctor, Surgery name and Tel No _____

Please state any dietary requirements _____

Is your child taking any regular medication?

(Please tick) YES ----- / NO ----- - If YES, please state the name, dosage and time the medication to be administered. _____

A nurse is on duty throughout the course to treat injuries and perform First Aid. She is able to dispense simple medication: Paracetamol – for pain or fever. Merocets – sore throat lozenges. Simple Linctus – for coughs.

Please note that all medication brought on campus must be given to the nurse upon arrival.

Please state if you are happy for treatment to be administered by signing this form.

Please provide us with an emergency contact name and number where we can reach you or a suitable alternative, for contact at any time of the day or night.

EMERGENCY CONTACT	RELATIONSHIP	PHONE NO WITH AREA CODE

IMPORTANT – Please tick **both** of the following boxes.

I agree that I am happy for my child to receive medical attention from the nurse.

In case of emergencies I give permission for a nurse to act in loco parentis.

Please inform us immediately if any of this information changes.