



## Hamble Aquatics Swim Team – Medical Form

(Affiliated to South East Counties and Hampshire ASA)

Please complete in BLOCK CAPITALS **and sign and return a copy to the Head Coach**

Surname: .....  
Christian Name(s): .....  
Preferred Name: .....  
Date of Birth: ..... School: .....

Address: .....  
.....  
..... Postcode: .....

Home Telephone Number: .....  
Mobile Number(s): .....  
E-mail Address .....  
ASA Registration Number (if you already have one): .....

Do you consider yourself to be disabled? Yes/No  
If yes, please give brief details: .....

Do you have any known medical conditions? (i.e. allergies, asthma, etc.)  
.....

Do have any conditions that the coach needs to be aware of? (i.e. Hard of hearing or Learning Difficulties etc.) Yes/No  
If yes, please give brief details: .....

1. Emergency contact details:

Name: .....  
Relationship: .....  
Home Phone: ..... Mobile: .....

2. Emergency contact details:

Name: .....  
Relationship: .....  
Home Phone: ..... Mobile: .....

Signed Parent/ Carer (if member is under 18) .....

Thank you for your co-operation these details will be kept private and confidential for reference on file only.

For office use only:

Membership number:

ASA number: