



Erith & District Swimming Club

Affiliated to: A.S.A. London and Kent Regions, R.L.S.S.

Club Secretary: Mrs. T. Hayes

E-mail (for all enquiries): edsc@edsc.org.uk

Website: www.edsc.org.uk

Dear Germany parent/carer/official,

THE BOXED FORMS MUST BE FILLED IN BY ALL PARENTS/CARERS OF SWIMMERS ATTENDING GERMANY AND MEMBERS OF THE EVENT TEAM

Name of swimmer/event team member	Date of birth

EVENT UPDATES

The Event Team will provide updates of our trip using the Club's Facebook group page. If you wish to receive a text notification instead, please provide the most appropriate contact details below:

	Name	Phone number
1		
2		

CODE OF CONDUCT

By signing and returning this form to the Team Manager you agree to abide by the relevant Code of Conduct:

For swimmers, please ask them to read: http://www.edsc.org.uk/Code_of_Conduct_-_swimmers.pdf

For the Event Team, please read: http://www.edsc.org.uk/Code_of_Conduct_-_officials.pdf

EUROPEAN HEALTH INSURANCE CARD (EHIC)

If you do not have a valid EHIC card please go to: <https://www.ehic.org.uk/Internet/startApplication.do>

MEDICAL & DIETRARY INFORMATION

Please detail below any important medical information that the Club needs to know, such as allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries:

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Name of doctor and surgery, including phone number:

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For parents/carers of members under 18 years

It may be essential at some time for a member of the Event Team accompanying the above named child to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition or event with the Club.

In completing & signing this form, as the parent/carer of the above named child, permission is given for a member of the Event Team to give the immediately necessary authority for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to your son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Completing and signing this form also provides permission for a member of the Event Team to apply sun block and/or after sun as and when required.

CHILD PHOTOGRAPHY/FILMING PARENTAL CONSENT

The Club wishes to take video footage and photography of the weekend, which will then be made available as a memento of the weekend to the swimmers and the Event Team in the form of a DVD. This will involve individuals and/or groups of members under the age of 18 that are attending the event. All photographs and filming will be taken and published in line with the ASA Photography Guidance. The Club requires parental consent to take and use photographs/videos. Parents have a right to refuse agreement to their child being photographed/filmed. Please complete the form below in respect of the above named child:

Take photographs to use on the club's secure website:	Consent given/consent refused*
Take photographs to use on the club's secure/closed Facebook group:	Consent given/consent refused*
Take photographs to include with newspaper articles:	Consent given/consent refused*
Filming for a DVD compilation of the weekend:	Consent given/consent refused*

*Delete as appropriate

Signature of consent by parent/carer/event team member: _____

Print full name: _____

Date: _____

PLEASE RETURN THIS FORM WITH THE PASSPORT AND EHIC CARD OF THE ABOVE NAMED PERSON TO PAUL NICHOLLS AS SOON AS POSSIBLE.

Please do not hand any of these documents to anyone else.