

CENTRAL CAIRNS SWIMMING CLUB INC.



PERMISSION FORM – CLUB SOCIAL AND TRAINING ACTIVITIES
ONE REQUIRED FOR EACH CHILD

I give permission for my child to attend Central Cairns Swimming Club social and training based activities outside of the Trinity Bay State School Swimming Pool. Activities may include but will not be limited to:

- Post training group activities (such as group breakfasts, trips to the movies)
- Post swim meet debriefings
- External training events such as training runs or bush walks
- Fundraising activities
- Club camps.

I understand that my child may be transported to and from such activities in either hired or privately owned transport.

I understand that they will be supervised by members of the Club who have been issued with a positive notice “blue card” for Child Related Employment by the Commission for Children and Young People and Child Guardian.

I give permission for images of the member (photo, video or other medium) to be displayed at the club or other locations, or in articles to promote the Club in the media (eg, newsletters, website).

I understand that supervisors of Club activities may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the member as a group or individually, in any of the above-mentioned activities, in accordance with the Swimming Australia Member and Child Welfare Policies and Procedures adopted by the Club.

I authorise a member of the Central Cairns Swimming Club Inc management committee or their delegate, to obtain medical assistance when deemed necessary should an accident or illness occur and agree to pay all medical expenses incurred on behalf of the above member. I further authorise qualified practitioners to administer anaesthetic or blood transfusion if such an eventuality arises.

I submit the attached current medical information for the above member and have included details of any limitations which may affect the member. I further undertake to provide details to the management committee, or their delegate, should any changes in the information provided occur prior to the date of the 2011 Sign on.

Signed (parent or guardian).....Date.....

Please print your name**PTO for medical information**

CENTRAL CAIRNS SWIMMING CLUB INC



Medical Information

Condition		Add details as required
a) Heart Problems	Yes / No	
b) Respiratory problems	Yes / No	
c) Allergies	Yes / No	
d) Travel sickness	Yes / No	
e) Blood pressure	Yes / No	
f) Operations	Yes / No	
g) Epilepsy	Yes / No	
h) Recent illness	Yes / No	
j) Drugs required	Yes / No	
k) Drug reactions	Yes / No	
l) Phobias	Yes / No	
m) Bed Wetting	Yes / No	
n) Other medical concerns	Yes / No	
o) Special dietary requirements	Yes / No	

Emergency Contact Details

Contact Name: Home Phone No. Work No. Mobile Phone No.
Alternative Contact : Home Phone No. Work No. Mobile Phone No.
Medicare No.