

### LOFTUS DOLPHINS UPDATED DETAILS

To ensure that we have up to date contact and emergency details for your child please complete the form below and return to The Head Coach by Friday 20<sup>th</sup> January

Member's Name		Date of birth	
Gender	M / F	Parent email Address	
Telephone			
Home Address			
Parent 1 Name		Occupation	
Parent 2 Name		Occupation	
Any Medical Conditions			
Allergies			
Detail any regular medication taken			
Name of doctor		Practice Tel	
Detail any disability likely to affect the ability to swim			
Emergency Contact 1 Name/relationship to swimmer		Tel	
Emergency Contact 2 Name/relationship to swimmer		Tel	

Signature .....(Parent/Guardian if under 18) Date.....

In line with GDPR all data collected by the club will be kept securely by club personnel and medical/disability information will be provided to teachers/coaches on a need to know basis. If at any time any of the above details change please contact the membership secretary, Joanne Ellicker.