Swimmer contact details Form 2020/21

We appreciate it if you can complete the following form annually to make sure we have your details up to date.

Please complete & return it to the box on the table at club nights it would be appreciated or you can email it through to us: taieri.swim@gmail.com

TAIERI SWIM CLUB MEMBERSHIP DETAILS			
SWIMMER INFORMATION			
Gurname: First Name:			
Date of Birth:		School:	
PARENT / CAREGIVER CONTACT INFORMATION			
Mother's Name:		Father's Name:	
Address:			
Postcode:		Phone:	
		Mobile:	
MEDICAL INFORMATION			
		Phone:	
Medical conditions eg. asthma, ear infections		Identified behavioural problems	
Other: e.g. wears ear plugs, glasses			
PARENT HELP WITHIN THE CLUB			
Taieri Swim Club is a voluntary organization, which requires the support of parents. Please circle where you feel your skills would be best suited			
F	undraising Taieri Carnival	Time Keeper/official	
Taieri C	Carnival Organising Committee	Team Manager	
Coach		Instructor	
Other:			
SIGNATURE			
"Private information is kept on a database to ensure that the Taieri Swim Club can maintain contact with all swimmers and their families. It is a condition as a registered swimming club that we also pass on swimmers personal information to Swimming Otago and Swimming New Zealand to be maintained on their database as well"			
Signature of Parent/Caregiver:		Date:	
	Date of B / CARE Postcode MED Medical co Parent ization, while would be to ensure to ensur	SWIMMER INFORMATION First Name: Date of Birth: / CAREGIVER CONTACT INFORM/ Father's Name: Postcode: MEDICAL INFORMATION Medical conditions eg. asthma, ear infections PARENT HELP WITHIN THE CLUB ization, which requires the support of parent is would be best suited Fundraising Taieri Carnival Taieri Carnival Organising Committee Coach SIGNATURE to ensure that the Taieri Swim Club can maintain swimming club that we also pass on swimmers particular to the swimming club that we also	