

PERSONAL & MEDICAL RECORD - SEASON 2024/25

This form will be shredded at the completion of the 2024/25 swimming season. The information stored within this form is for coaches and committee use only!



MEMBER DETAILS Please complete details for each SWIMMER (This sheet allows 4 members in 1 family)

Given Names—Swimmer	Family Name	M/F	Date of Birth

Given Names—Swimmer	Family Name	M/F	Date of Birth

Given Names—Swimmer	Family Name	M/F	Date of Birth

Given Names—Swimmer	Family Name	M/F	Date of Birth

Residential Address

Street	
Suburb	Postcode

Postal Address

Street	
Suburb	Postcode

Phone Numbers

Home	Work	Mobile
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Email Address

Email Address

PARENT/GUARDIAN DETAILS Please list at least parents or guardians who may be present at the pool or for emergencies.

Contact Name	Home Phone	Work Phone	Mobile

PHOTOGRAPHY Are you happy for us to use your/child/children's images in our club promotions?

We do | do not (please circle) **CONSENT TO MY FAMILY MEMBERS PHOTOGRAPH BEING PUBLISHED IN THE MEDIA, including but not limited to club promotions, local newspapers and on-line media**

Parent Name _____

Signature _____

SWIMMER MEDICAL DETAILS JASC reserves the right to seek medical action plans to support this form, should we require it.

(Medicare details may be required for emergency medical attention)

Medicare Number		Expiry Date
Family Doctors name		Contact Phone number

Name _____ **Medicare Card Personal ID.** eg. (3) _____Any history of the following, or any other medical or physical condition that we should know about? YES / NO
(Please circle)Asthma ☐ Epilepsy ☐ Diabetes ☐ Allergies ☐ Other ☐ _____

Please list all relevant information, including treatment and medications (attach medical action plan if required):

Name _____ **Medicare Card Personal ID.** eg. (4) _____Any history of the following, or any other medical or physical condition that we should know about? YES / NO
(Please circle)Asthma ☐ Epilepsy ☐ Diabetes ☐ Allergies ☐ Other ☐ _____

Please list all relevant information, including treatment and medications (attach medical action plan if required):

Name _____ **Medicare Card Personal ID.** eg. (5) _____Any history of the following, or any other medical or physical condition that we should know about? YES / NO
(Please circle)Asthma ☐ Epilepsy ☐ Diabetes ☐ Allergies ☐ Other ☐ _____

Please list all relevant information, including treatment and medications (attach medical action plan if required):

Name _____ **Medicare Card Personal ID.** eg. (6) _____Any history of the following, or any other medical or physical condition that we should know about? YES / NO
(Please circle)Asthma ☐ Epilepsy ☐ Diabetes ☐ Allergies ☐ Other ☐ _____

Please list all relevant information, including treatment and medications (attach medical action plan if required):

DECLARATION & CONSENT to the best of my knowledge, all information contained on this form is correct.I consent to the club registrar and coach retaining my emergency contact details on their mobile phones for emergencies & notices.
(if under 18 please have a parent or guardian sign the form)**IF ANY SWIMMER IS UNDER 18 - Parent/Guardian Name (please print)** _____

Member or Parent/Guardian Signature _____ Date _____