

INTERDISTRICT TEAM - 27/28 March 2010
Permission Form

PLEASE FILL IN THE INFORMATION BELOW AND HAND IT TO THE TEAM MANAGER PRIOR TO BOARDING THE BUS.

I.....give permission for my
(Parent/Guardian)

child/children
(Child's full name)

.....
(Child's full name)

to take part in the Interdistrict Competition to be held at the
Australian Institute of Sport Canberra, on Sunday 28 March
2010

Signed..... Dated.....

CODE OF CONDUCT FOR TEAM MEMBERS

I/We,, agree to
(Swimmer's name) (Swimmer's name)
behave in accordance with the swimmer's code of behavior at all
times whilst representing the Ovens & Murray District Swimming
Association.

Signed Signed.....
(Swimmer) (Other Swimmer)

Dated

MEDICAL INFORMATION

PLEASE INDICATE BELOW IF YOUR CHILD/CHILDREN
SUFFER FROM ANY OF THE FOLLOWING –

ASTHMA	Yes/No	DIABETES	Yes/No
MIGRAINE	Yes/No	TRAVEL SICKNESS	Yes/No
ANY OTHER ALLERGIES			Yes/No

Please give details

IS YOUR CHILD TAKING MEDICATION? Yes/No
If yes please give full details

.....

.....

I give permission for the coach/team manager to administer the
above medication and/or to obtain medical assistance for my
child/children if necessary.

Medicare Number
Ambulance Cover

Contact Number in case of emergency:(mobile)

Signed.....
(parent/guardian if under 18years)

