**This information will be shared with our water safety and medical supervision teams who will be present at the event. Details of how your personal information will be used and stored can be found in our Swim Wales Privacy Notice which can be accessed** [**here.**](https://www.swimwales.org/privacy-notice/)

To be completed by parent/guardian if competitor is under 18 years old.

Personal Information

|  |  |
| --- | --- |
| Name |  |
| DOB |  |
| **Address** |  |
| **Contact number** |  |
| Emergency contact name/Relationship to competitor/Contact Number |  |

Medical Information

|  |  |
| --- | --- |
| Please give details of yours/ your child’s medical condition or disability. You may include details of medication. |  |

Consent Information

|  |  |
| --- | --- |
| **Please tick the boxes to express your consent:**   **I give my consent for this information to be shared with the water safety and medical supervision teams, for the purpose of ensuring my (or my child’s, as applicable) health and safety during the event.**   **I give my consent that if an emergency medical situation arises, the organisation may act on my or my child’s behalf. If the need arises for administration of first aid and/or other emergency medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.** | |
| **Signature (by parent/guardian if under 18):** |  |
| **Print Name:** |  |
| **Date:** |  |