



NEWMARKET & DISTRICT SWIMMING CLUB EMERGENCY CONTACT DETAILS - 2009



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|-------------------------|--|----|
| NAME OF SWIMMER: | | ** |
| NAME OF PARENTS/CARERS: | | ** |
| HOME ADDRESS: | | ** |
| | | |
| | | |
| POST CODE: | | ** |
| | | |
| HOME TELEPHONE NUMBER: | | ** |
| EMAIL ADDRESS (HOME): | | |
| EMAIL ADDRESS (WORK): | | |

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|--|-------|--|------------|--|------------|
| ** EMERGENCY CONTACT DETAILS ** | | | | | |
| CONTACT PERSON #1 | NAME: | | Tel No. 1: | | Tel No. 2: |
| CONTACT PERSON #2 | NAME: | | Tel No. 1: | | Tel No. 2: |

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|---|----|
| OTHER INFORMATION - Are there any other conditions that you wish to notify the club of e.g. allergies, medical conditions, disabilities or declared medication? | |
| | ** |
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Items marked as ** must be completed for club requirements.

The above information will be used solely for Newmarket & District Swimming Club purposes and for communication with you. In order to reduce postage and printing costs we would also like to email information to you. If you do wish to be contacted by email please tick in the box and indicate by ticking above which email address should be used.

As Newmarket & District Swimming Club is affiliated to the Saxons Swimming Team we would also like to give the Saxons Team Manager your contact telephone number. If you accept your telephone number being issued to the Saxons Team Manager please tick in the box.

Signed..... Print name..... Date.....

