



## West Wight Swimming Club

### Travel Parental Consent Form

I agree to (swimmers name) \_\_\_\_\_ participating in galas or training events with West Wight Swimming Club, and travelling by ferry/coach/mini bus to these events under the supervision of West Wight Swimming Club Events Team. I acknowledge that the dates and times of these events will be advised to me separately.

I acknowledge the need for my child to behave responsibly in accordance with the Swimmers Code of Conduct. I also confirm that I shall instruct my child to wear a seat belt whilst travelling and to abide by any other safety instructions and behavioural requirements.

I understand that while the club staff and volunteers in charge of the party will take all reasonable care of the swimmers, they cannot be held responsible for any loss, damage or injury suffered by my son/daughter in travelling to or from or taking part in any of these activities unless such loss, damage or injury is directly attributable to negligence of the said staff and/or helpers in charge of the party.

I confirm that I have completed a Medical Information Form. I will inform the Coaches or Team Manager of any important changes to my child's health, medication or needs and also of any changes to the address, phone numbers or alternative contact details given.

Signature of Consent by Parent/Carer: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to: Helen Poynter, Membership Manager