Helensburgh Swimming Club - Permission for Outdoor Land Training

I hereby give permission for my child to take part in land training activity in an outdoor environment during the swimming season August 2017 – June 2018 inclusive.

I have read the risk assessment entitled 'Outdoor Land Training exercises' and believe that all key risks have been considered and measures are in place to minimise the chance of such a risk occurring.

Contact name (relationship to child)	Telephone number

My emergency contact numbers are as follows:

My child has the following medical conditions:

Condition	Medicine taken

In the event that the need arises, I give permission for my child to be given appropriate medical treatment including medication and/or admission to hospital.

Signed:

Printed name:	Date	
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