



In Association with Slippery Fish  
Swim Schools & Stroke Clinics  
Medical Information & Waiver Form

Name

D.O.B.\_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address:

Post code

Home Telephone

Mobile

Email

**In case of emergency, notify:**

Relationship

Emergency Contact number/s:

**Doctors Name**

**Doctors Telephone Number**

**Medical conditions:** Please list any condition/disability/allergy currently being treated or relevant.

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**Please list all medications:**\_\_\_\_\_

**Release from liability**

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a doctor. I acknowledge that I am aware of all the risks inherent in Open Water Swimming and /or being on a pool deck, including permanent disability and death, and agree to assume all those risks. As a condition of my participation in the Slippery Fish programme or any activities thereto, I hereby waive any and all my rights to claim for losses or damages, including all claims for loss or damages caused by the negligence, active or passive, of the following: Slippery Fish; Princes sporting Club Ltd; the host facilities; or any individual participating in the programme as a coach, swimmer, volunteer or observer

Name (print)

Signature

Relationship to the participant

Date

In the case of children under the age of 18yrs the above should be signed by a parent or guardian only after having ensured that the child fully understands that is important for their safety, and the safety of others that all instructions given by the staff of Slippery Fish Swim Schools and Stroke Clinics and /or Princes Sporting Club Ltd are to be obeyed.

Swim Times:

400m =

1500m =