ENFIELD SWIMMING CLUB – TRAVEL REGISTER

Details of event & travel arrangements .....

.....

Names of Club reps in attendance .....

NO.	NAME OF SWIMMER	SIGNATURE OF PARENT/GUARDIAN CONSENTING TO TRAVEL *	1st CONTACT NUMBER FOR PARENT/GUARDIAN IN EVENT OF EMERGENCY	2ND CONTACT NUMBER FOR PARENT/GUARDIAN IN EVENT OF EMERGENCY (OPTIONAL)	ANY SPECIFIC MEDICAL CONDITIONS, ALLERGIES CURRENT MEDICATION OR OTHER RELEVANT MEDICAL INFORMATION OF SWIMMER

*I give permission for the Coach or Team Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent