

Please complete this form in full before your child's first session. The information is used only for the safe running of the lessons and is shared with the swimming coach and supervising volunteers. Please tell us straight away if anything changes.

Session details

Course / group	
Venue / pool	
Session day(s) & time	

Child (swimmer) details

Child's full name	
Date of birth	
Pony Club branch / centre	
Home address	

Swimming ability

☐ Non-swimmer ☐ Beginner – not yet confident ☐ Can swim up to 25 m ☐ Confident, 25 m+

Approx. distance the child can swim unaided

Comfortable putting face / head under water?

☐ Yes ☐ No

Parent / carer details

Parent / carer full name	
Relationship to child	
Mobile number	
Alternative / daytime number	
Email	
Address (if different from above)	

Emergency contacts (if parent / carer cannot be reached)

Name	Relationship to child	Contact number

Medical information

GP name & surgery

GP phone number

Allergies (e.g. medication, food, latex, pool chemicals) — and the reaction / treatment

Medication currently taken, and anything to be brought to sessions (e.g. inhaler, EpiPen). Can the child self-administer?

Medical conditions / illnesses (e.g. asthma, epilepsy, diabetes, heart condition, ear or skin conditions, seizures, fainting)

Reasonable adjustments or additional support your child needs

Anything else the coach should know

Photography & media consent

Photographs or video may occasionally be taken of the sessions for coaching, records or Pony Club use, in line with the Pony Club photography policy.

☐ I consent to my child being photographed / filmed ☐ I do NOT consent

Consent & declaration

- ☐ I confirm that my child may take part in the swimming lessons.
- ☐ The information I have given above is accurate, and I will let the organiser know of any changes.
- ☐ In an emergency, if I cannot be contacted, I consent to my child receiving first aid and/or any emergency medical treatment considered necessary by a qualified person.
- ☐ I understand the sessions are supervised by a qualified coach and lifeguard, and I will ask my child to follow their instructions and the pool's safety rules.

Signature of parent / carer

Print name

Date

Data: This form is held securely, used only for the safe running of the swimming lessons, shared only with the coach and supervising volunteers, and disposed of securely at the end of the course.