



Ripley Rascals Swimming Club



Pre-Existing Injuries / Medical Conditions Notification Form

(September 2026)

This form must be completed when a Member has a pre-existing injury, illness or medical condition that may affect their ability to participate safely in training. The information provided helps Coaches/Teachers ensure appropriate supervision and safeguards are in place.

Member Details :

Name of Member:

Name of Parent/Guardian (if applicable):

.....

Description of Injury / Medical Condition

Please provide clear details of the injury or condition:

.....

.....

.....

.....

Restrictions on Participation

Please outline any limitations or restrictions affecting the Member's ability to take part in training:

.....

.....

.....

.....

Pre-Existing Injuries / Medical Conditions Notification Form continued

Parent/Guardian Confirmation

I confirm that the Member named above is **fit to take part in the training session**, subject to the restrictions noted.

Please tick ONE of the following options:

☐ I confirm I will remain on site throughout the session.

OR (with prior agreement of the Head Coach):

☐ I confirm I will return to the Leisure Centre within 20 minutes of being contacted on the following number:

Mobile Number :

Signed (Parent/Guardian):

Date:

Coach/Teacher Confirmation

I acknowledge receipt of this notification and confirm that the information has been reviewed.

Signed (Coach/Teacher):

.....

Date: