

London Youth Games Registration Form – Swimming Main Games and Mini Games

Full name: \_\_\_\_\_

Gender: Male/Female      Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal code: \_\_\_\_\_

School: \_\_\_\_\_ Club: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship of emergency contact: \_\_\_\_\_

Emergency telephone number 1: \_\_\_\_\_

Any medication or medical conditions that we should know about:

Ethnic origin: please circle appropriately

- |                                |                          |
|--------------------------------|--------------------------|
| British                        | Indian                   |
| Irish                          | Pakistani                |
| Other(white back ground)       | Bangladeshi              |
| Mixed(White & Black Asian)     | Other (black background) |
| Mixed(White & Black Caribbean) | Caribbean                |
| Mixed(White & Black African)   | African                  |
| Chinese                        | Other (Asian background) |
| European                       | Other                    |

For Publicity purposes, would you object to having your photograph taken?(Please tick)

Yes \_\_\_\_\_ No \_\_\_\_ (Photos will only be used by the Sports Development Unit)

I agree to abide by the Team Managers Decisions: (Athlete)

Signed: \_\_\_\_\_

Parental / Guardian Consent:

Signed: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Personal Best Times since January 2010 (50m) & order of preference

	Times	Order
Freestyle	_____	_____
Breaststroke	_____	_____
Butterfly	_____	_____
Backstroke	_____	_____

I confirm the times submitted for the athlete named on this registration form as correct.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Club: \_\_\_\_\_