



**DECLARATION OF MEDICAL CONDITIONS THAT MAY REQUIRE EMERGENCY MEASURES**

***[Please print all information]***

I .....wish to compete in Swimming WA competition.

I understand that Swimming WA requires me to state any known medical conditions that may compromise my safety in the water. I understand that I must state the current management for my condition[s]

I suffer from

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The current management for the above is

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**Please Turn Over**

**Signature of swimmer**

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Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Signature of witness (parent, guardian) please print name**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Signature of personal doctor or physician please print name**

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and address of practice

\_\_\_\_\_  
Contact Number

**This form is to be resubmitted if there are changes to the condition, medication and/or management.**