

I am an athlete and completing this form because I am ✓:-

	Representing Great Britain or my Home Country internationally
	Competing in a British Swimming, Scottish Swimming, ASA or WASA National event (all disciplines, excluding masters)

A new form MUST be completed annually even if the medication prescribed has not been altered or if no medication is being taken and whenever the medication is changed. If the competitor is under the age of 16 this form should be completed and returned by the parent or person in loco parentis but must still be signed by the competitor.

This form should be sent direct to Scottish Swimming, not via the club secretary. The data contained in this form is classed as sensitive personal data under the Data Protection Act 1998 (DPA). Scottish Swimming, ASA or WASA will process the data provided in accordance with the DPA. Your express written consent to hold this data is required under the DPA, which by signing this form you are providing. The data will be held securely in accordance with the DPA and will be used to administer you as a member of Scottish Swimming, ASA or WASA.

**Please complete and return a signed copy of this form to:-**

Scottish Swimming, National Swimming Academy, University of Stirling, Stirling, FK9 4LA  
01786 466520 info@scottishswimming.com

**PLEASE COMPLETE IN BLOCK CAPITALS**

<b>Surname:</b>													
<b>First Name:</b>											<b>Miss / Mr / Ms / Mrs</b>		
<b>Address:</b>													
<b>Post Code:</b>					<b>Tel No (inc. STD Code):</b>								
<b>E-mail:</b>													
<b>DOB:</b>													
<b>Membership No.:</b>													
<b>Club:</b>													

**World Class Squads:** please tick ✓ where applicable):-

<b>Disability Swimming</b>		<b>Diving</b>		<b>Swimming</b>		<b>Synchro</b>	
<b>Podium Potential</b>		<b>Podium</b>		<b>Water Polo</b>		<b>Open Water</b>	

**Signature of athlete:**

**If under 16 years of age signature of parent or person in loco parentis:**

**Date:**

**PTO**

# SCOTTISH *swimming*

## everyone can swim!

Please list below ALL medication currently being taken on a regular basis for any other medical condition including vitamins and dietary or nutritional supplements in the space below or tick the 'no medication' box below:

<b>MEDICINES</b>		
Name of Medication	Dosage and frequency per day	
<b>VITAMINS/OTHER SUPPLEMENTS</b>		
Brand name and main ingredient (if listed)	Dosage and frequency per day	
<b>ASTHMA</b>		
MEDICATION	Please ✓ if use	INGREDIENT STATUS – as of July 2013
SALBUTAMOL		Salbutamol inhalation is not prohibited up to a maximum of 1600 micrograms over 24 hours. This threshold is not valid in the presence of diuretics. If you are using a diuretic you must have a Therapeutic Use Exemption to use both the diuretic and salbutamol. Injections and oral prohibited.
SALMETEROL		Salmeterol is not prohibited when taken by inhalation in accordance with the manufacturers' recommended therapeutic regime (inhalation)
TERBUTALINE		Prohibited
FLUTICASONE		NOT Prohibited
FORMOTEROL		Formoterol inhalation is not prohibited up to a maximum of 54 micrograms over 24 hours. This threshold is not valid in the presence of diuretics. If you are using a diuretic you must have a Therapeutic Use Exemption to use both the diuretic and formoterol. Injections and oral prohibited.
BUDESONIDE		Out of competition = not prohibited. In competition = prohibited oral or rectal administration
BECLOMETHASONE		Out of competition = not prohibited. In competition = prohibited oral, rectal or intra-muscular injection administration.

I declare that I **do not** take any form of MEDICATION  
(this includes vitamins and supplements) - please tick box

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### Office Use

Received by:		Date:		Date inputted at membership:	
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