



NAME/DETAILS OF CLUB

APPLICATION FOR CLUB MEMBERSHIP

TO BE COMPLETED BY ALL APPLICANTS

Type of Membership

Are you applying for membership as a Swimmer please ✓
Helper

Your Personal and Contact Details

Your first name		Title Mr/Miss/Mrs etc	
Your last name		Date of Birth	
Your address		Postcode	
Email address			
Telephone numbers	Daytime	Evening	

Whom Should We Contact in an Emergency?

In the event of an emergency, we may need to contact someone. Please give details of the person we should contact in an emergency :

Their first name			
Their last name			
Their relationship to you			
Telephone numbers	Daytime	Evening	

About Your Health

We need to know that it is safe for you to swim and for you to take part in other activities that the club may organise from time-to-time. You will be asked at the end of this form to certify (confirm) that you are safe to go into the water and take part in other activities which we may organise. For this reason, it is very important that you give us as much information as you can about your health as this will help us to meet your needs as best we can and to keep you as safe as possible.

Do you have any of the following:

Visual impairment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	please ✓ all that apply
Hearing loss/impairment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Communication difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Learning difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Epilepsy (fits)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Heart/blood pressure problems	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Breathing difficulties or related	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Muscle/joint/nerve difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Skin condition/allergy	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Other allergy(ies)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Balance/movement difficulties	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Haemophilia	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Diabetes	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Any other (please explain)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

If you have ticked 'YES' to any of the above, please use the space below to tell us how these affect you (if you need to continue on a separate sheet then please do so):

Do you have a clinical diagnosis?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	please ✓
Do you take any medication?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Please give details of any clinical diagnosis and any medication taken here along with any other relevant information (if you need to continue on a separate sheet then please do so):

Do you use a wheelchair?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	please ✓
If 'YES', is it:	Manual	<input type="checkbox"/>	Electric	<input type="checkbox"/>	
Do you use a walking aid?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If so please specify.....					
Do you need help					
in the changing room?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
on the poolside?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Please give details: (if you need to continue on a separate sheet then please do so):

About Your Experience

Please tell us about any relevant previous experience or skills, for example, previous swimming experience, swimming awards, teaching skills, first aid/lifesaving skills:

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TO BE COMPLETED ONLY IF YOU ARE APPLYING TO BE A HELPER

Are you willing to help, with appropriate training where necessary:

- | | | |
|----------------------|--------------------------|-------------------------|
| in the water | <input type="checkbox"/> | please ✓ all that apply |
| on the poolside | <input type="checkbox"/> | |
| in the changing room | <input type="checkbox"/> | |
| with administration | <input type="checkbox"/> | |

We take the safety and welfare of all of our club members very seriously. Please provide details of two referees whom the club may contact.

Referee 1

Their name		
Their address and postcode		
Their email address		
Their telephone number	Daytime	Evening
How does this person know you?		

Referee 2

Their name		
Their address and postcode		
Their email address		
Their telephone number	Daytime	Evening
How does this person know you?		

TO BE COMPLETED BY ALL APPLICANTS

We need your signature or the signature of your parent/guardian or other responsible person.

Before signing this form, you should read each statement below and tick the box alongside to indicate that you agree with the statement. Before signing, if you have any questions or concerns then please do discuss these with us or your doctor/health professional or other medical advisor as appropriate.

By ticking the corresponding box and signing this form you confirm that:

- You wish to become a member of this club
- You agree to abide by any rules of this club
- To the best of your knowledge, you are fit to take part in the activities of the club including swimming and that to the best of your knowledge, the information that you have given on this form is both accurate and complete.
- You agree to the club seeking further medical information or advice on the safety of you taking part in the club's activities if it considers this necessary.
- If you are over 18 years of age, you agree to the club conducting a CRB check on you.
- You agree to the club holding the information on this form and any other information you give. Information will be treated with respect and in a confidential manner.
- You agree to information being stored on computer (in accordance with the provisions and principles of the Data Protection Act 1988 where these apply).

Signature of applicant:

Date

(parent/guardian/other responsible person if applicant under 18)

Print name:

If a person over 18 applying for membership cannot sign because of a physical difficulty or because they do not understand the implications of what they are signing, please give details of the person completing this application form on their behalf and signing above.

Your name		
Your address and postcode		
Your telephone number	Daytime	Evening
How do you know the applicant?		