



Membership No: _____

MEMBERSHIP APPLICATION FORM

Please print in Block Capitals - in ink

DISABLED MEMBER

NATURE OF DISABILITY (Please tick)

Title: Mr./Mrs./Miss/Master _____
SURNAME _____
First Names _____
Address _____
Town _____
Post Code _____
Date of Birth _____
Telephone _____
Mobile _____
E-mail Address _____

Asthma _____
Diabetes _____
Seizures* _____
Heart _____
High Blood Pressure _____
Other (details please) _____

Do you require emergency medication? Yes / No
Do you use wheelchair/walking aides? Yes / No
Details please _____
Do you require a hoist to gain access to the pool? Yes / No
Can you swim unaided? Yes / No

***If Seizures:** Type of seizure: Major Convulsive / Minor (absences).
Do you know when you are going to have one (i.e. Aura)? YES / NO
Duration of fitting.....mins, Unconsciousness.....mins, Recovery time.....mins.

I agree to abide by the rules of the club, which have been provided to me; and pay the subscriptions due on joining, and thereafter, on the first of January each year.
My/Our subscription(s) of £ _____ is attached @ rate of £ _____ per member, per annum.

SIGNED _____ DATE _____

N.B. A Doctor's note must be provided to certify that your disability will benefit from water exercise, and is not likely to be a risk to general water safety to yourself, and other pool users.

Name of your G.P. _____ Tel No: _____

EMERGENCY CONTACT NAME: _____ (please
TELEPHONE NUMBER: _____ complete)

ASSOCIATE MEMBER (i.e. Family members, Helpers, Carers, Volunteers, etc.)

SURNAME _____
First Names _____
Address _____
Town _____
Post Code _____
Date of Birth _____
Telephone _____
E-mail address _____

Membership No: _____
Relationship (if any) to
Disabled Member _____
Mobile _____

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My/Our subscription(s) of £ _____ is attached @ rate of £ _____ per person, per annum.

SIGNED _____ DATE _____

Office Use Only

Joining fee received _____ Membership Card issued _____ Medical report received _____
Data Spread Sheet _____ + Main _____ Cascade list _____ Pool Safety Officer informed _____
Emergency list _____ Hoist needed _____ Register _____ + Yr. _____