

SWIMMER'S APPLICATION FORM

NAME: I use a wheelchair **Yes/No**

ADDRESS:

..... **POSTCODE:**

Home number: **Mobile number:**

Email:

Occupation:

The following information is required in case of an emergency or incident during Club activities and will be treated as confidential:

Date of Birth:/...../.....

EMERGENCY CONTACT DETAILS

Name: **Telephone Number:**

Are you on any medication? **Yes/No**

Do you have you any allergies? **Yes/No**

Do you have epilepsy? **Yes/No**

Do you have diabetes? **Yes/No**

Are you incontinent? **Yes/No**

In case of an emergency is there any medical information that the emergency services would need to be made aware of i.e. medical condition, prescribed medication? Yes/No

If **Yes** please give details.....

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As a member of Aquability, I am aware of and agree to abide by all Club rules and policies.

Signed.....

Date.....