

**DOLPHIN SWIMMING CLUB**

**(Affiliated to National Association of Swimming Clubs for the Handicapped)**

Member/Associate (Delete as applicable)

Name.....

Address.....

Tel No;.....

Email.....

The following information is required in case of an accident during Club activities and will be treated as confidential:-

Medical Card Number..... Date of Birth.....

Emergency contact:- Name.....

Tel No.....

Disability/Condition.....

Do you use a wheelchair at all times....Yes/No

Will you require use of the hoist...Yes/No

Are you on any medication...Yes/No

**(If yes please attach a copy of your current prescription)**

Do you have any allergies....Yes/No

**(If yes please give details below)**

Do you have Epilepsy...Yes/No

**(If yes you will require someone to be present with you in the water at all times)**

Do you have Diabetes...Yes/No

Do you have any condition you think a hospital would need to know...Yes/No

**(If yes please give details below)**

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If you are under 18 years of age your parent or guardian must give permission (i)for you to swim at Club swimming sessions (ii)for the Club committee to authorise any hospital or medical treatment which may be required in an emergency.

Parent/Guardian's signature.....

As a Member/Helper of the above named Club

I AM AWARE OF AND AGREE TO ABIDE BY ALL CLUB RULES AND POLICIES INCLUDING DATA PROTECTION AND HAVE NO CRIMINAL CONVICTIONS FOR CAUSING ANY HARM TO OTHER PEOPLE

Signed.....Date.....