**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 accident 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..................................................