

Membership Application Form



Swimmer's Details

Name Address

Date of Birth Age Gender Nationality

Mobile Email

Medical Conditions YES NO If YES, details

Regular Medication YES NO If YES, details

Allergies YES NO If YES, details

Additional Information

What is your preferred stroke? Is there any part of your stroke you would like to improve?

I feel confident diving YES NO I can tumble turn YES NO

From time to time we video swimmers during the session as an aid to improving their stroke/technique. Are you happy with this? YES NO

Emergency Contact Details *(next of kin)*

Name Address

Telephone Mobile

Email Relationship to swimmer

Signature

Date