

Applicant's Name:..... Date of Birth

Address:.....

..... Post Code.....

Email address:..... Telephone No.....

Family doctor's name:.....

Address:.....

..... Telephone No:.....

Emergency contact name and phone no.:.....

What is your disability?.....

Do you take any medication that might be required during sailing/swimming? YES* / NO

*Please list

*Do you need to carry this medication at all times? YES / NO

How does your disability affect your abilities in relation to swimming?

Any special Instructions (if applicable) for helpers (e.g. care with lifting - generally or specific limbs/joints etc)

If applying for family membership please give names of immediate family who may help or participate with you in the water.....

If in doubt please obtain advice from your doctor or consultant on the proposed activity.

The information supplied will be shared only among those people who need to know to ensure your safety. It is your responsibility to keep Farnham Swimability up to date if any changes occur. In signing this form you agree to these conditions.

I recognise that there is always an element of risk in active sports such as swimming and that it is my responsibility to assess whether participation will have any adverse impact upon my medical condition.

Signature of Applicant.....Date.....

If the applicant is under 18 then the parent or guardian must sign on his/her behalf. Please print name.....and state if Parent or Guardian.....

Please return the completed form to the Membership Secretary:

Mrs Jenny Taylor, 14A Stoneyfields, Farnham, Surrey, GU9 8DU

Tel No. 01252 726950; e-mail: jenny@bellamanda.co.uk