SALMON MEMBERSHIP APPLICATION FORM
Please print clearly in ink

Disabled Member: Membership No: ……..

Personal Information:

First Names:		Family Name:	
Title:		Date of Birth:	
Address			
Town/City:		Post code:	
Tel. No.		Mobile:	
Email:			
Next of Kin:*		Relationship:	
Tel. No.		Mobile:	

* or contact in case of an emergency.

Medical Information:

GP's Name		Tel. No.	
Surgery:			
Nature of Disabilities			
Medical Conds:	☐Asthma, ☐Diabetes, ☐Heart Conds. ☐Stroke/TIA, ☐High Blood Pressure		
Emergency Medications:			
☐Seizures	☐Major, ☐Minor, ☐Absences, ☐Aura, ☐ Emergency medication required		
Timings:	Warning ….. mins, Duration …… mins, Unconscious .... mins, Recovery ……mins		

Other Information:

Mobility:	☐Wheel Chair, ☐Scooter, ☐Frame, ☐Stick/crutch, ☐Arm-support ☐Just slow
Access to pool	☐Platform lift, ☐W/C ☐Hoist, ☐Long-steps ☐Normal pool side steps
Swimming	☐Can you swim unaided, ☐With an Aid: …… ☐Non-Swimmer
Any additional information:	

I agree to abide by the rules of the club, which have been provided to me; and pay the subscriptions due on joining, and thereafter, on the first of January each year.
I consent to my personal and special data being processed as per Salmon Club's Privacy Notice, DP Policy and procedures.

My/our subscription(s) of £_____ is attached @ rate of £_____ per member, per annum.

SIGNED _____ DATE _____

N.B. A Doctor's (HCP) letter must be provided to certify that your disability will benefit from water exercise and is not likely to be a risk to general water safety to yourself, and other pool users.

Family members and Carers can join as associate members. Please complete form overleaf (PTO) or additional associate forms if needed.

Office Use Only

Joining fee received _ _____ Membership Card issued _____ Medical report received _____
Data Spread Sheet ____ _____ Cascade list _____ Pool Safety Officer informed _____
Welcome Email sent_____ Hoist needed _____ Register _____.____

Associate Members: **(Family Members, Carers, or Volunteer Helper)**

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First Names:		Family Name:	
Title:		Date of Birth:	
Address			
Town/City:		Post code:	
Tel. No.		Mobile:	
Email:			
Swimming	☐Can you swim unaided, ☐With an Aid: ……..… ☐Non-Swimmer		
Additional* Information:			
Disabled Member		Relationship to	
		Mem. No.	

*If any medical conditions, mobility issues or other useful information.

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