SALMON MEMBERSHIP APPLICATION FORM

Please print clearly in ink

| Disabled Memb | Der: Membership No | : | | Club |
|---|--|---|-------------------|---------------------------------------|
| Personal Inform | mation: | | | |
| First Names: | | Family Name: | | |
| Title: | | Date of Birth: | | |
| Address | | | | |
| Town/City: | | Post code: | | |
| Tel. No. | | Mobile: | | |
| Email: | | 1 | | |
| Next of Kin:* | | Relationship: | | |
| Tel. No. | | Mobile: | | |
| | | * or contact | ct in case | of an emergency. |
| Medical Inform | ation: | | | |
| GP's Name | | Tel | l. No. | |
| Surgery: | | | | |
| Nature of | | | | |
| Disabilities | | | | |
| Medical Conds: | □Asthma, □Diabetes, □Heart Cor | nds. ∐Stroke/Tl | lA, ∐High | Blood Pressure |
| Emergency | | | | |
| Medications: | | | | |
| □Seizures | □Major, □Minor, □Absences, □A | | | |
| Timings: | Warning mins, Duration mi | ns, Unconsciou | s mins | , Recoverymin |
| Other Informat | ion: | | | |
| Mobility: | □Wheel Chair, □Scooter, □Frame | Stick/crutch | □ Arm-s | upport D.Just slow |
| Access to pool | | | | al pool side steps |
| Swimming | □Can you swim unaided, □With a | | | |
| Any additional | | 171101 11111111111111111111111111111111 | | |
| information: | | | | |
| inionnation. | | | | |
| I agree to abide | by the rules of the club, which have | been provided to | o me; and | pay the |
| | ie on joining, and thereafter, on the fi | | | . , |
| | personal and special data being prod | | | ıb's Privacy |
| Notice, DP Police | cy and procedures. | • | | • |
| | | | | |
| My/our subscrip | tion(s) of \pounds is attached $@$ r | ate of £ p | er membe | er, per annum. |
| SIGNED | | DATE | | |
| N.B. A Doctor's | (HCP) letter must be provided to certi | fy that your disa | ability will | hanafit from |
| | nd is not likely to be a risk to general | | | |
| users. | | cancely to | , | and cure poor |
| | | | | |
| • | and Carers can join as associate memb | ers. Please comp | lete form o | verleaf (PTO) or |
| additional associa | ate forms if needed. | | | |
| | | | | |
| Office Use Only | | | | |
| Office Use Only Joining fee received | Membership Card issued | M | ledical report re | eceiveder informed |
| Data Spread Sheet Welcome Email sent | Cascade list | Po | ool Safety Offic | er informed |
| | | | 9.000 | · · · · · · · · · · · · · · · · · · · |

(Family Members, Carers, or Volunteer Helper) <u>Associate Members:</u> Please print clearly in ink





| First Names: | | Family Name: | | | |
|--|--|---|--|--|--|
| Title: | | Date of Birth: | | | |
| Address | | | | | |
| Town/City: | | Post code: | | | |
| Tel. No. | | Mobile: | | | |
| Email: | | 1 | | | |
| Swimming | □Can you swim unaided, □With an A | id: | □Non-Swimmer | | |
| Additional* | | | | | |
| Information: | | | | | |
| Disabled | | Relationship to | | | |
| Member | | Mem. No. | | | |
| | al conditions, mobility issues or other us | | | | |
| subscriptions I consent to r Notice, DP P | abide by the rules of the club, which had due on joining, and thereafter, on the fing personal and special data being procedicy and procedures. Cription(s) of £ is attached @ rate of the control | rst of January each essed as per Salm | year. Ion Club's Privacy | | |
| SIGNED | in alta of the state of the sta | | | | |
| | | D/(12 | | | |
| Office Use Only | | | | | |
| Joining fee received | Membership Card issued | Medica | l report received | | |
| Welcome Email sen | Cascade list t Hoist needed | | afety Officer informed er | | |
| | | | | | |
| Associate Members: (Family Members, Carers, or Volunteer Helper) Please print clearly in ink | | | | | |
| | | rs, or Volunteer H | Helper) | | |
| | | Family Name: | Helper) Salmon | | |
| Please print | | | Helper) | | |
| Please print First Names: | | Family Name: | delper) | | |
| Please print First Names: Title: | | Family Name: | Helper) | | |
| Please print First Names: Title: Address | | Family Name: Date of Birth: | Helper) | | |
| First Names: Title: Address Town/City: | | Family Name: Date of Birth: Post code: | Helper) | | |
| First Names: Title: Address Town/City: Tel. No. Email: | clearly in ink | Family Name: Date of Birth: Post code: Mobile: | Palmon | | |
| First Names: Title: Address Town/City: Tel. No. | | Family Name: Date of Birth: Post code: Mobile: | Palmon | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming | clearly in ink | Family Name: Date of Birth: Post code: Mobile: | Palmon | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* | clearly in ink | Family Name: Date of Birth: Post code: Mobile: id: | Palmon | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: | clearly in ink | Family Name: Date of Birth: Post code: Mobile: | Palmon | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member | Clearly in ink ☐ Can you swim unaided, ☐With an A | Family Name: Date of Birth: Post code: Mobile: id: | Palmon | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member *If any medic | □Can you swim unaided, □With an A | Family Name: Date of Birth: Post code: Mobile: id: Relationship to Mem. No. seful information. | Non-Swimmer | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member *If any medic | Clearly in ink □ Can you swim unaided, □With an A al conditions, mobility issues or other uses to abide by the rules of the club, which has | Family Name: Date of Birth: Post code: Mobile: id: Relationship to Mem. No. seful information. ave been provided | to me; and pay the | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member *If any medic I/We agree to subscriptions | Clearly in ink □ Can you swim unaided, □ With an A al conditions, mobility issues or other us a abide by the rules of the club, which ha due on joining, and thereafter, on the fi | Family Name: Date of Birth: Post code: Mobile: id: Relationship to Mem. No. seful information. ave been provided rst of January each | to me; and pay the n year. | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member *If any medic I/We agree to subscriptions I consent to reserve to the subscriptions I consent to reserve the subscriptions I consent the subscripti | Clearly in ink □ Can you swim unaided, □With an A al conditions, mobility issues or other uses to abide by the rules of the club, which has | Family Name: Date of Birth: Post code: Mobile: id: Relationship to Mem. No. seful information. ave been provided rst of January each | to me; and pay the n year. | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member *If any medic I/We agree to subscriptions I consent to r Notice, DP Per | clearly in ink □Can you swim unaided, □With an A al conditions, mobility issues or other us a babide by the rules of the club, which ha due on joining, and thereafter, on the fi ny personal and special data being proc | Family Name: Date of Birth: Post code: Mobile: id: Relationship to Mem. No. seful information. ave been provided rst of January each sessed as per Salm | to me; and pay the year. | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member *If any medic I/We agree to subscriptions I consent to r Notice, DP Per | clearly in ink □Can you swim unaided, □With an A al conditions, mobility issues or other us a abide by the rules of the club, which ha due on joining, and thereafter, on the fi ny personal and special data being pro- colicy and procedures. | Family Name: Date of Birth: Post code: Mobile: id: Relationship to Mem. No. seful information. ave been provided rst of January each sessed as per Salmate of £ per | to me; and pay the year. | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member *If any medic I/We agree to subscriptions I consent to r Notice, DP Po | clearly in ink □ Can you swim unaided, □ With an A al conditions, mobility issues or other us a abide by the rules of the club, which ha due on joining, and thereafter, on the fi ny personal and special data being procedure and procedures. cription(s) of £ is attached @ ra | Family Name: Date of Birth: Post code: Mobile: id: Relationship to Mem. No. seful information. ave been provided rst of January each sessed as per Salmate of £ per | to me; and pay the n year. non Club's Privacy erson, per annum. | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member *If any medic I/We agree to subscriptions I consent to r Notice, DP Pomy/Our subscriptions SIGNED Office Use Only Joining fee received | clearly in ink Clearly in ink Can you swim unaided, □With an A al conditions, mobility issues or other us a abide by the rules of the club, which ha due on joining, and thereafter, on the fi ny personal and special data being procedurey and procedures. Cription(s) of £ is attached @ ra Membership Card issued | Family Name: Date of Birth: Post code: Mobile: id: Relationship to Mem. No. seful information. ave been provided rst of January each sessed as per Salm ate of £ per p | to me; and pay the year. In con Club's Privacy erson, per annum. | | |
| First Names: Title: Address Town/City: Tel. No. Email: Swimming Additional* Information: Disabled Member *If any medic I/We agree to subscriptions I consent to r Notice, DP Poly My/Our subscriptions SIGNED Office Use Only Joining fee received Data Spread Sheet | clearly in ink □ Can you swim unaided, □With an A al conditions, mobility issues or other us a abide by the rules of the club, which ha due on joining, and thereafter, on the fi ny personal and special data being proc colicy and procedures. cription(s) of £ is attached @ ra | Family Name: Date of Birth: Post code: Mobile: id: Relationship to Mem. No. seful information. eve been provided rst of January each essed as per Salm ate of £ per p | to me; and pay the n year. non Club's Privacy erson, per annum. | | |