

PLYMOUTH PISCES
Swimming Club for the Disabled
President: The Lord Mayor

Registered Charity No: 801261

INDIVIDUAL MEMBERSHIP APPLICATION FORM

Name.....Date of Birth

Address.....

.....Post Codeemail address.....

Telephone.....mobile number.....Date.....

In order to provide the best possible care it is important to know about your disability. This is especially so if there is a possibility of any sudden change in your condition such as a fit or a blackout.

PLEASE GIVE US BRIEF DETAILS OF ALL YOUR DISABILITIES.....

WILL YOU REGULARLY BE BRINGING ANY CARERS/ FAMILY WITH YOU? YES/NO
IF "YES" PLEASE ENTER THEIR DETAILS OVERLEAF AND ENROL THEM AS ASSOCIATE MEMBERS
(Occasional visitors may be brought as guests, who pay as normal for their swims)

IS THERE ANY POSSIBILITY OF ANY SUDDEN CHANGE IN YOUR CONDITION, SUCH AS A FIT OR A BLACKOUT? YES/NO

IF "YES" PLEASE INDICATE DETAILS.....

If you suffer with Epilepsy, please complete the additional form available.

IF YOU REQUIRE ANY SPECIAL ATTENTION BEFORE ENTERING OR AFTER LEAVING THE WATER

PLEASE INDICATE DETAILS.....

To the best of my knowledge, the information given above is true.
I do not have any convictions involving the harming of others.

Signed.....

Applicant or Parent/Guardian

With certain conditions, for you own safety, with certain conditions, we may ask you to get this form countersigned by a doctor.

DOCTORS CERTIFICATE

The applicant's medical condition does not prevent them from taking part in organised swimming.

Doctors signature.....Date.....

DATA PROTECTION ACT

The Club will not divulge any of the information given on this form to any third party, with the exception of the Plymouth Life Centre, who require your name and address for their records. This form will need renewing every three years to comply with our data protection policy.

