



PIMLICO PUFFINS SWIMMING CLUB

(Affiliated to the Association of Swimming Therapy)

SWIMMER APPLICATION FORM

Name

Address

.....

.....

.....

E-Mail Address

Home telephone number

Work telephone number

Mobile telephone number

Date of Birth

Swimming Experience

Other relevant qualifications

Membership of other relevant clubs

How did you hear about us?

Nature of Disability

In an Emergency please contact

Name

Telephone Number

Relationship to Member

Doctor's Name & Address

.....

.....

Data Protection and Image Rights:

The signature of the swimmer together with the signature of their doctor constitute an application to join the Pimlico Puffins swimming Club for People with Disabilities ('the Club').

The countersignature of a member of the committee of 'the Club' constitutes acceptance of the applicant as a member of 'the Club'.

In making this application the applicant agrees to the information entered on this form being held in both paper and electronic form for the sole purposes of the operation and marketing of 'the Club'. 'The Club' undertakes to restrict access to this information to members of its Committee, not to share the information with third parties and not to hold the information for longer than is relevant to the individual membership.

The Club may from time to time photograph its activities for promotional purposes. The club undertakes not to publish any images without the prior consent of those pictured.

Consent:

I wish to apply to become a member of the 'Pimlico Puffins Swimming Club for People with Disabilities'. I agree to abide by the rules of the club as may be published from time to time.

Signature of applicant (or Guardian if under 14 years of age) **and date:**

Signature Date/...../.....



Please ask your doctor to complete this section

DOCTOR'S RECOMMENDATION: I confirm that the details above, to the best of my knowledge, are correct and I also consider that swimming would not be detrimental to this person's health.

Doctor's Signature Date/...../.....

Is there any special condition or medication that we should be aware of?

.....
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Approved for Membership by Date

Position on Committee