



Eastleigh & Oaklands Swimming Club

www.eastleigh-oaklands.com

For more information contact:

John Winchester 07968306924 or Lyn Nicholson 02380 255574
or email membership@eastleigh-oaklands.com

Membership Application Form 2008-2009

Surname:

Forename(s):

Date of Birth:

Male/Female

Address:

Post Code:

Telephone Number:

Mobile Number:

Email Address:

Membership information

Date Joined:

Squad:

Payment by Standing Order:

Yes/No

No. of Club Members in Family:

	Rate(£)	Paid (Date)
Annual Fee		
ASA Membership		
Monthly Fee		

I acknowledge receipt of the rules of Eastleigh & Oaklands Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the club I further acknowledge and accept responsibilities of membership upon members as set out in these rules.

Signature of
member

Countersignature of
Parent/Guardian if under 18 years of age

Medical Information (Confidential)

Has the applicant ever had any of the following **(please tick all that apply):**

Asthma or Bronchitis	Yes/No
Other Illness	Yes/No
Allergies to any known medication	Yes/No
Severe Headaches	Yes/No
Heart Condition	Yes/No
Travel Sickness	Yes/No
Any other allergies	Yes/No
Diabetes	Yes/No
Fits, Fainting or Blackouts	Yes/No
Regular Medication	Yes/No
Has the applicant received a Tetanus in the last 10 years	Yes/No Date:

If an inhaler is used, will it be in the swimming bag at all times? Yes/No

Is the Applicant receiving any medical or surgical treatment? Yes/No

Has the Applicant been given any advise to follow in an emergency? Yes/No

Does the Applicant have a Disability of any kind? Yes/No

If you have answered yes to any of these questions, or have any additional information to provide, please give details below. In the case of disability, please detail any special needs or requirements.

Name of Doctor:

Surgery Address:

Telephone Number:

Name of Next of Kin (and relationship):

Address:

Telephone Number(s):

Please provide an additional nominated contact in case of an emergency and we are unable to reach the next of kin:

Name:

Relationship (if any):

Telephone number(s):

In the event of any illness or medical treatment occurring after the return of this form, I will inform in writing Eastleigh & Oaklands Swimming Club at the earliest opportunity. I understand that it is my obligation (as the member or parent/guardian of the member) to do this.

Signature:

Date:

(Parent/Guardian/Member)