

Brighton Dolphin Swimming Club

Application to Join

Personal Details (Data Protection: Personal information may be held and processed by computer or otherwise)

Surname Forename

Address.....
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Postcode: Telephone: E-mail

Date of Birth Sex: Male Female (delete as appropriate)

ASA Registration Number (if applicable)

To help us provide a safer swimming environment would you please complete the following:

Have you ever been advised to change your smoking habits for medical reasons?		YES / NO
Are you currently having treatment (e.g. diet, medicines, tablets or injections) whether prescribed or not for any medical condition?		YES / NO
Have you ever suffered from:		
a. any disease of the heart, circulatory system, rheumatic fever IE or chest pain?		YES / NO
b. diabetes?		YES / NO
c. epilepsy?		YES / NO
d. asthma, bronchitis or any respiratory disorders?		YES / NO

You are welcome to disclose any other conditions you feel are relevant

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Brighton Dolphin Swimming Club reserve the right to seek medical opinion on all applications and to refuse any application for whatever reason. Please sign the declaration after you have answered all sections of this application.

Applicants under 18 years of age must have their application signed by a parent or legal guardian.

I declare that to the best of my knowledge and belief] the statements provided in this application are true and complete and all material facts have been disclosed.

Signed: Date:

If you have signed as a parent or guardian please print your name _

Application accepted bySubscription paid £ on.....

Brighton Dolphin Swimming Club is affiliated to Sussex County ASA