

NASCH APPLICATION FORM

WINSFORD TURTLES SWIMMING CLUB

Name

Address

..... Postcode

Tel Date of birth

Emergency contact

Name Tel

The following information is required in case of accident/emergency and will be treated in strict confidence.

I use a wheelchair []

I am diabetic []

I have epilepsy []

I suffer from allergies []

I take medication []

Please tell us about any condition/s that you think a doctor or hospital would need to be aware of:

.....

.....

..... (continue overleaf if necessary)

If you are under 16 your parent or guardian must give permission for you to swim.

Parent's/Guardian's signature Date.....

I am aware of and agree to abide by the club's rules and policies. I have no criminal convictions for causing harm to others.

Member's signature Date.....

Parent's/Carer's signature..... Date.....

Winsford Turtles Swimming Club does not accept responsibility for personal liability or for loss/damage to individual's property