

Date: \_\_\_\_\_

# Woodham Swimming Club



## EMERGENCY CONTACT / MEDICAL INFORMATION

### MEMBER'S DETAILS (please print)

Name:		D.O.B:	
My Club	Another member (e.g. Brother / Sister / Parent / Relative / Friend)	Member	
'Buddy'		Home:	

### 1<sup>st</sup> EMERGENCY CONTACT DETAILS (Other than the member's details)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_

### 2<sup>nd</sup> EMERGENCY CONTACT DETAILS (Other than the member's details)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_

### GP DETAILS

Name: \_\_\_\_\_ Surgery: \_\_\_\_\_

Address: \_\_\_\_\_ Phone(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any **medical conditions** of which we should be aware? e.g. **epilepsy, diabetes, asthma, allergys etc.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ANY OTHER RELEVANT MEDICAL INFORMATION

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Member:** \_\_\_\_\_ **Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Member's under 16)

### For Club purposes only:-

Received Date	Checked by:-	Copy at Pool	Club Database	Date Reviewed	Date Reviewed	Membership Number/Ref