MEMBERSHIP APPLICATION FORM

ENTERPRISE SWIMMING CLUB FOR DISABLED PEOPLE
(AFFILIATED TO THE HALLIWICK ASSOCIATION OF SWIMMING THERAPY)

Meets at Purley Pool, High Street, Purley, every Friday evening 8.00pm to 10.00pm

I wish to apply for membership of the above mentioned Club and my disability is: ..............................................................

Full Name: ..................................................................................................................................... Date of Birth: .......................................

Address: ................................................................................................................................................. Post Code: .......................................

Telephone No.: .......................................................... Email: ........................................................................................................................

DO YOU HAVE ANY OF THESE NAMED CONDITIONS?

<table>
<thead>
<tr>
<th>Condition</th>
<th>YES/NO</th>
<th>Condition</th>
<th>YES/NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Difficulties</td>
<td></td>
<td>Heart Condition</td>
<td></td>
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<tr>
<td>Hearing Difficulties</td>
<td></td>
<td>High Blood Pressure</td>
<td></td>
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<tr>
<td>Epilepsy and/or Fits</td>
<td></td>
<td>Asthma or Bronchitis</td>
<td></td>
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<tr>
<td>Nerve or Muscle Complications</td>
<td></td>
<td>Skin Problems</td>
<td></td>
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<tr>
<td>Are you in a Wheelchair</td>
<td></td>
<td>Do you use walking aids</td>
<td></td>
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<tr>
<td>Are you on any medication</td>
<td></td>
<td>Any Other Problems</td>
<td></td>
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Do you require any special care or attention prior to entry to water YES/NO

NOTE: This information is only required for your own safety and the safety of others and will in no way prevent you from joining the Club.

AGREEMENT FROM

MEDICAL ADVISOR

As Medical Advisor to this disabled person, I agree that the above is correct and that he/she may take part in organised swimming activities.

Doctors Name..............................................................................................................................................

Address: .............................................................................................................................................................

Signature................................................................................................................................................. Date: ..............................................................................

This From when completed, together with your Annual Subscription which at present is Adults £10.00, Juniors (under 17 years) £2.50, should be handed to the a committee member when you attend your first swim.

I agree to abide by the Rules of the Club ...........................................................................................................

(A copy is attached or available on the website) Signature of Applicant, or Parent/Guardian of a Junior

Registered Charity No. 296927