

GRANTHAM WATER POLO CLUB MEMBERSHIP RECORD 2011/12

Applicant Details

Title (Mr,Mrs,Miss)	_____	Joining Date:	_____
Christian Name/s:	_____	D.O.B	_____
Surname:	_____	School/College/other	_____
Address:	_____	Tel Home:	_____
	_____	Tel Mobile: Member:	_____
	_____	Tel Mobile: Parent:	_____
Postcode:	_____	Email:	_____

MEMBERSHIP DETAILS

Are you a Member of Grantham Swimming Club: Yes/No If Known- ASA Reg No: _____

Parents/Guardian Name _____

Contact No if different from above: _____

I give permission to the Grantham Water Polo Club to allow a photo to be taken of the above applicant to be used in any publicity for the Club.

I agree/disagree - Signed Parent/Guardian/Applicant _____

I agree that the email provided can be used for use of water polo information only, and parent phone number to be used for any poolside emergency. Signed..... Parent/Guardian

MEDICAL DETAILS

Doctors Name _____

Surgery Name _____

Address _____

Tel No _____

Do you suffer from Asthma/diabetes/epilepsy _____

Any allergies/ illnesses or other special requirements _____

Any current Medication _____

Please supply two contact names with telephone numbers in case of emergency

1 _____

2 _____

I give permission to Grantham Water Polo Club, it's Coaches or representatives to provide . medical attention in case of injury/medical emergency.

Authorised by _____
Parent/Guardian/Applicant

Please Note

The collection of Data and use of the data is to fulfil the objectives of the organisation only. Please be assured the data will NOT be used for any commercial or marketing purposes or third party individuals.

Please Return to

Libby Wilkinson Tel: 07989 755457