



## New Member Details

### Personal Details

<b>Name:</b>			
<b>Address:</b>			
<b>Postcode:</b>			
<b>Home Tel No:</b>		<b>Mobile Tel No:</b>	
<b>Email Address:</b>			
<b>Emergency Contact Name:</b>		<b>Emergency Contact Number(s):</b>	
<b>Doctors Name and Tel No:</b>			
<p><b>Please tell us about any health Problems you have, medications you take or any condition which might be relevant in an emergency. This is voluntary and only used in the event of a medical incident.</b></p> <p><b>Please continue overleaf if required.</b></p>			
<p><b>Is there anything else, medical or otherwise, you think the instructors should be aware of to ensure your safety in the pool. This might include assistance into the pool, fear of water, dizziness, illnesses which might result in collapse (diabetes etc), personal or religious restrictions or anything else which might require additional help or attention</b></p> <p><b>Please continue overleaf if required.</b></p>			
<p><b>What would you like to get out of Swim Inspiration?</b></p>			

Where did you hear about Swim Inspiration?	

I have received the induction pack and I am aware of the code of ethics and safeguarding policy available on our website. I confirm I have read and accept these.

Signed.....Date.....

Print Name.....

Please sign and date below if you consent to us contacting you by Email or Phone.

Signed.....Date.....