

WOODSIDE & THORNTON HEATH SWIMMING CLUB

(Affiliated to the CBSA + SCASA)

www.wthsc.co.uk



Please complete in BLOCK CAPITALS

CHILD'S NAME: _____

PARENT/CARER'S NAME: _____

ADDRESS: _____

_____ Post Code: _____

HOME TELEPHONE: _____ MOBILE: _____

E-MAIL: _____

SCHOOL: _____ YEAR: _____

DATE OF BIRTH: _____ AGE: _____

Are you a member of any other swimming club? _____

Please complete the Health Form overleaf.

I hereby apply for membership of Woodside & Thornton Heath Swimming Club and I agree to act in accordance with the Rules and Bye-Laws of the Club.

I enclose payment of £10 being the annual fee per swimmer to cover ASA, LRASA and CBSA membership. This fee will be collected in January each year.

Signed: _____ Parent/Carer

_____ Please print name in capitals

I accept that I remain responsible for the behaviour, safety and well-being of the above member whilst at the club.

CONFIDENTIAL

HEALTH FORM

- Does your son/daughter have any known medical conditions?
For example, asthma, diabetes, allergies
Yes/No – If yes please give details.

- Does your son/daughter take any regular prescription medication?
Yes/No – If yes please give details

- Is your son/daughter up to date with all primary immunisations?
Yes/No

- Is your son/daughter allergic to any medications/foods? Yes/No
If yes, please specify

- Does your son/daughter have any other medical problems/issues?

Name of Family Doctor: _____

Address: _____

Telephone: _____

Signed: _____

Parent/Carer

Date: _____