

SUSSEX OTTERS APPLICATION FORM

Please complete in block capitals



Name.....

Address (please include post code).....

Telephone No..... Date of Birth.....

I use a wheelchair at all times YES NO

The following information is required in case of an accident/emergency during Club activities and will be treated as confidential:-

Are you on medication?	YES	NO
Have you any allergies?	YES	NO
Do you have epilepsy?	YES	NO
Do you have diabetes?	YES	NO
Other conditions the emergency services would need to know about?	YES	NO

If YES please give details

EMERGENCY CONTACT:

Name..... Telephone No.

Signature of Swimmer.....

As a member/helper of the Sussex Otters, (Registered Charity No. 297006) I am aware of and agree to abide by all Club rules and policies and have no criminal convictions for causing any harm to other people.

Signature of Parent/Guardian/Carer (under 18's)

Signature of other responsible adult

Please return this form to the Otters desk.

The Sussex Otters operate a Child/Vulnerable Persons Protection Policy

www.sussexotters.org.uk

FOR OFFICE USE: Membership Type Membership Number.....