

Dolphin Ladies Swimming Club

Member's name:

Date of birth:

Home phone number:

Mobile phone number:

email address:

Home address:

Postcode:

Contact name (in case of emergency):

Phone number(s) for above:

HEALTH DECLARATION

All members must lodge any **relevant** medical details, **in confidence**, for insurance purposes. They could also be required in the unlikely event of an incident requiring medical help. Please append a note of any condition or medication, which you think should be known.

Condition and/or medication:

Please return this form to us next time you come swimming. Blank forms are always available on poolside should you need to update at any time.

Please take care around the pool and in the shower area at all times, as the floor can be very slippery.

Signed: