



# Swimming

for people with a disability

# Membership Application/Renewal

Title	First Name	Surname
Date of Birth	Telephone	Email *
Address		Postcode

\* Please include an email address as it's the Club's preferred method of communication.

Please circle the ethnic group that you belong to.

White/British	White/Irish	Bangladeshi	Pakistani/Indian
Black/African	Black/Caribbean	Chinese	Other (Please state)

Are you a member of Watford Leisure Centre Central?

Yes/No	Membership Number
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Emergency Contact

Name	Telephone
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Please detail any disabilities you have.

Hearing Impairment	Yes / No	Visual Impairment	Yes / No
Epilepsy or Fits	Yes / No	Diabetes	Yes / No
Contenance Problems	Yes / No	Physical Disability	Yes / No
Heart Condition	Yes / No	Learning Disability	Yes / No
Breathing Disorder	Yes / No	Sudden Cramps	Yes / No
Any other medical condition	Yes / No	Communication Difficulties	Yes / No

If you have answered yes to any question, please give details:

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No application will be declined because of any disability, but we need this information to ensure your safety.

Do you require any assistance getting in or out of the pool?	Yes / No
Do you require any supervision or assistance during the swimming session	Yes / No
If you have answered yes to any question, please give details:	

Please list any immediate family members who will swimming with you.

Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age
Name	Relationship	Age

**Declaration**

I agree to abide by the Club's guidelines and policies.	Yes / No
I confirm that all the information in this application is accurate and complete to the best of my knowledge.	Yes / No
I agree to be registered as a member of Watford Leisure Centre Central and for my details to be shared with them.	Yes / No
I give permission for any photographs taken of me during activities with the club to be used for promotional purposes.	Yes / No
I give my permission for my name to be used in conjunction with any photographs of me that are used for promotional purposes.	Yes / No
I want the club to reclaim tax on any donations and membership fees paid to the club from the date of this declaration until I notify the Club otherwise. I confirm that I am a UK tax payer and that I pay income tax or capital gains tax equal to the amount of tax the club can reclaim.  Name of Taxpayer: .....	Yes / No

Signed: .....

Date: .....

Name: .....

Applicant	Parent	Guardian
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Note: If the member is under 16 years old a parent or guardian must sign this form.

For Club Use Only

Individual	Family	Fee Paid	Date