

# Application for Membership



Before applying for membership please check with your GP that swimming with your disability will not cause you any problems.

Swimming sessions are for the Turtles member with disabilities.

Other Turtles members of the family will not be permitted to swim without the disabled member.

Please complete all sections of this form and return to [turtlesswimming@yahoo.co.uk](mailto:turtlesswimming@yahoo.co.uk)

<b>PERSONAL DETAILS</b>	
Title and Full Name :	
Address (including Post Code):	
Home Telephone Number :	
Mobile Telephone Number :	
Email Address :	

<b>ADDITIONAL ASSISTANCE OR EQUIPMENT</b>	
To help us to organise any additional assistance or equipment, please answer the following questions :	
Do you use a wheelchair at all times	Yes / No
Will you need assistance in the water	Yes / No
If you have answered 'Yes' to either of the above questions please read the following:	
I confirm that I will need to be accompanied by someone (carer, parent or guardian) who can provide me with assistance both in and out of the water and who is a competent swimmer.	

<b>MEMBER NAME</b>	
<b>ACCIDENT OR EMERGENCY CONTACT DETAILS</b>	
In the event of an accident or emergency during a swimming session please provide the following information (this will be treated as confidential)	
NHS/Medical Card Number:	
Date of Birth :	
Emergency Contact Name :	
Emergency Contact Number(s):	
Alternative Emergency Contact Name :	
Alternative Emergency Contact Number(s):	

**MEDICAL/DISABILITY DETAILS**

Do you take any regular medication ?

Do you have any allergies ?

Do you have epilepsy ?

Do you have diabetes ?

If you have answered Yes to any of the above questions, please provide further information that you think a medical professional would need to know.

Please give a brief and general description of your disability.

**Data Protection Statement**

All of the information collected in this form is necessary and relevant to your membership of Ruislip Turtles Swimming Club. We will use the information provided by you on this form for membership purposes only. Ruislip Turtles Swimming Club will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of the data subject (the member) giving consent to the processing of the information provided by you in this form.

If your application for membership is accepted, the information provided and further information which may be gathered at the relevant time, will subsequently be used for the administration of your membership only.

**SIGNATURE**

If you are under 18 years of age, your parent or guardian must give permission

- (i) For you to swim at Turtles Swimming Sessions and
- (ii) For Club Officials to authorise any hospital or medical treatment which may be required in the event of an emergency

**PARENT/GUARDIAN SIGNATURE :****DATE :**

By applying for membership of Ruislip Turtles Swimming Club I agree to abide by the rules and policies of the Club.

**SIGNATURE :****DATE :**

**Payment can be made by cheque to : Ruislip Turtles Swimming Club OR Debit/Credit Card Payment (contactless) OR Cash**

<b>ETHNIC MONITORING</b>					
<b>WHITE</b>					
A	English, Welsh, Scottish, Northern Irish or British	B	Irish	C	Gypsy or Irish Traveller
D	Any other White background				
<b>Mixed or Multiple Ethnic Groups</b>					
E	White and Black Caribbean	F	White and Black African	G	White and Asian
H	Any other mixed or multiple ethnic background				
<b>Asian or Asian British</b>					
I	Indian	J	Pakistani	J	Bangladeshi
K	Chinese	L	Any other Asian background		
<b>Black, African, Caribbean or Black British</b>					
M	African	N	Caribbean	O	Any other Black, African or Caribbean background
<b>Other Ethnic Group</b>					
P	Arab	Q	Any other ethnic group		