

THE APOLLO SWIMMING CLUB FOR THE PHYSICALLY HANDICAPPED

REGISTERED CHARITY NO. 275547



APPLICATION FOR FULL MEMBERSHIP



THIS SECTION TO BE COMPLETED BY THE APPLICANT

SURNAME: state Mr/Mrs/Miss/other

Preferred first name:

Address:

.....

Date of Birth: Telephone No.:

Name of Doctor:

Can you swim ? YES/NO

Do you dress/undress independently? YES/NO

If not, state aid used, such as wheelchair, crutches, etc.

.....

IF THIS IS A TEMPORARY DISABILITY, YOU WILL BE ASKED TO COMPLETE A FORM ANNUALLY.

I understand and accept that the organisers and management committee of the club are under no liability whatsoever in respect of any personal loss or injury which the above member may sustain.

Signature of applicant (or parent/guardian)

Date

NOTE - members are encouraged to bring a relative or friend to provide help and friendly company. The associate applicant should complete a separate application form for associate members and helper members.

THIS SECTION TO BE COMPLETED BY THE APPLICANT'S DOCTOR OR SPECIALIST

The above-named person wishes to enrol in a swimming and boating club for the physically disabled. The skills taught will be determined by the condition of the applicant. It is necessary, therefore, for those teaching and lifeguarding to have access to certain details. It would be appreciated if you will provide the following information, subject to the applicant's agreement:-

Diagnosis:

Part of the body involved:.....

Movements desired:.....

Movements to be avoided:.....

Is this a permanent or temporary disability?

Any other significant problem (e.g. epilepsy, asthma, diabetes etc.).....

NOTE - mental handicap alone is not a qualification for membership

I certify that the applicant has a physical disability and would benefit from physical involvement in swimming and/or boating.

Signature of Doctor/Hospital Specialist:

Date:.....

[FOR OFFICIAL USE ONLY - MEMBERSHIP PAID]