

**THE APOLLO SWIMMING CLUB FOR THE PHYSICALLY HANDICAPPED**



REGISTERED CHARITY NO. 275547



**APPLICATION FOR ASSOCIATE MEMBERSHIP**

SURNAME: .....

PREFERRED FIRST NAME: .....

ADDRESS: .....

.....

TELEPHONE NO.: .....

**Please tick one of the following:-**

I attend club sessions to accompany ..... (name of disabled member).

I attend clubs sessions as a lifeguard or club helper .....

**PLEASE NOTE - APOLLO WAS FOUNDED FOR THE BENEFIT OF DISABLED MEMBERS. IT IS NOT INTENDED THAT ASSOCIATES SHOULD SWIM WITHOUT THEIR DISABLED PARTNER, UNLESS THE ASSOCIATE IS A LIFEGUARD OR CLUB MEMBER.**

Helpers do not need to be qualified. All help is valuable and greatly appreciated. But if you have any of the following qualifications it would be helpful to give details:-

Pool Lifeguard Award (with date) .....

Other lifesaving awards (with dates) .....

Relevant teaching qualifications .....

Medical, Nursing, First Aid qualifications .....

**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: .....

**[FOR OFFICIAL USE ONLY - MEMBERSHIP PAID .....]**