

THE APOLLO SWIMMING CLUB FOR THE PHYSICALLY DISABLED

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:	
Email Address:	
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 COME	PLETE A FORM ANNUALLY
I understand and accept that the organisers and management committee whatsoever in respect of any personal loss or injury which the above members.	•
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 A HEALTHCARE PROFESSIONAL

The above-named person wishes to enrol in a swimming and sailing 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

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