

# OXFORD SWANS SWIMMING CLUB

for people with disabilities and for the elderly

Registered Charity No 1052858

## SWIMMERS MEMBERSHIP APPLICATION FORM

'Swimmer' means anyone who goes in the water, even if they cannot swim.

**(Please complete this form and bring it with you on your first visit)**

<b>Name of Swimmer with disabilities</b>	<b>Emergency contact</b>
<b>Address</b>	<b>Address</b>
<b>Tel. Number</b>	<b>Emergency Tel. Number</b>
<b>Date of birth</b>	<b>Relationship</b>
<b>E-mail address:</b>	

If you are also applying for **Family Membership** please fill in below the names, and ages if under 18 or over 70, of **other** family members who will be **entering the water**

- |          |      |
|----------|------|
| 1. Name  | Age: |
| 2. Name: | Age: |
| 3. Name  | Age: |
| 4. Name  | Age: |
| 5. Name  | Age: |

Please state any relevant skills; e.g. Swimming awards, Teaching skills, First Aid Previous experience:

.....

.....

.....

We need to know that you are able to go in the water and to take part in other activities that the club may organise from time-to-time. You will be asked at the end of this form to certify (confirm) that you can get into the water and are able to take part in other activities that we may organise. For this reason, it is very important that you give us as much information as you can about your health as this will help us to meet your needs as best we can and to keep you as safe as possible.

Payment can be made by:

**Internet Banking:** Oxford Swans sort code 30-93-93 / account number 00918428

**(please reference name of swimmer that payment relates to)**

or **Post to:** Club Secretary, Becky Horton, 177 Southfield Park, Bartlemas Close, Oxford, OX4 2BQ

Please make cheques payable to **Oxford Swans Swimming Club**

**Name of Swimmer with disabilities** .....

## Medical Information

Please give an indication of any medicine being taken by swimmer.

If you (the swimmer) have a clinical diagnosis please let us know it here.

For any information re medicine or clinical diagnosis for family members please write on a separate sheet of paper.

*Please complete below for each family member listed on previous page*

	SWIMMER		1. Name of family member		2. Name of family member		3. Name of family member		4. Name of family member		5. Name of family member	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>Do you have any of the following?</b> <i>Please tick</i>												
Communication difficulties												
Visual difficulties												
Learning difficulties												
Hearing difficulties												
Challenging behaviour (please specify under additional comments)												
Fits /epilepsy												
Autism												
ADHD												
Heart condition												
High/low blood pressure												
Asthma												
Bronchitis/breathing difficulties												
Nerve or joint problems												
Balance problems/ difficulties with movement												
Skin problems												
Brittle bones												
Diabetes												
Haemophilia												
Continence problems												
Are you a wheelchair user?												
Do you use a walking aid?												
Any Additional Comments												

This club is affiliated to the Halliwick Association of Swimming Therapy.

The Club teaches using the Halliwick Concept. This involves physical support when needed. By signing below it shows agreement with this.

I understand that names, addresses and details of membership are stored safely as a computer record (password protected) to enable Oxford Swans to send information out to all its members.

I understand that photos may be used occasionally by the club for promotional use only and I give my permission for my photo/my child's photo to be used. Yes  No

I wish to become a member of the OXFORD SWANS SWIMMING CLUB and I agree to abide by the club rules.

I affirm that I consider my medical situation is such as to allow me to join the Oxford Swans Swimming Club.

Date:..... Signature:.....  
(Parent's / Guardians signature if under 18)