



Membership Application Form

Name:	Male/Female	D.O.B.
Address:	Phone:	
	Email:	
Do you consider that you have a disability? Yes/No If so, what category?	Ethnic Origin? <i>(Self Description)</i>	
Contact in case of emergency (1)		
Name:	Tel 1:	
Address:	Tel 2:	
	Tel 3:	
Relationship:		
Contact in case of emergency (2)		
Name:	Tel 1:	
Address:	Tel 2:	
	Tel 3:	
Relationship:		
Do you have a medical condition? Y / N Do you take declarable medication?	Category of membership:	
Allergies:	Swimming Coach/Teacher/Official Administrator Social/Associate	
Ability? Club / County / Regional / National		
Signed:	Date:	
Signed by Parent / Carer <i>(if under 18 years)</i>	Date:	
Would you be prepared to become a volunteer Helper? Y / N	What are your qualifications?	

Please Return to Cub/Membership Secretary; Barbara Rooke; membership@killerwhallessc.co.uk