

PLYMOUTH PISCES
Swimming Club for the Disabled

Registered Charity No: 801261

President: The Lord Mayor

Affiliated to N.A.S.C.H

INDIVIDUAL MEMBERSHIP APPLICATION FORM

FULL MEMBERS & ASSOCIATE MEMBERS

Name.....Date of Birth (if under 18).....

Address.....
.....

Telephone.....Date.....

FULL (DISABLED) MEMBERS ONLY

In order to provide the best possible care it is important to know about your disability. This is especially so if there is a possibility of any sudden change in your condition such as a fit or a blackout.

NATURE OF DISABILITY (Please tick **ALL** boxes as appropriate)

Heart Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy *	<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Learning Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other Conditions (please Indicate.....
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Are you able to be in the water unattended	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO will you be bringing a helper	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Is there the possibility of any sudden change in your condition such as a fit or a blackout Yes No

If YES please indicate.....

Do you need any special care or attention prior to entering, whilst in or after leaving the water Yes No

If YES please indicate.....

To the best of my knowledge, the information given above is true

I have no Convictions involving the harming of others

Signed.....Date.....

(Applicant or Parent/Guardian)

With Certain conditions, for your own safety, the Club may ask you to have this form countersigned by a doctor.

DOCTORS CERTIFICATE

The applicants medical condition does not prevent them from taking part in organised swimming

Doctor's Signature.....Date.....

DATA PROTECTION ACT

The Club will not divulge any of the information given on this form to any third party.

* If you suffer from epilepsy, please also complete an epilepsy form.