

Section 3 – Doctors Recommendation:

Section 3 is mandatory for all tadpoles and Volunteers or Carers that answered “Yes” to questions 2d to 2h. Application for Tadpole membership cannot be considered until this form has been signed by your Doctor. All information provided will be treated as CONFIDENTIAL.

In my opinion, the above named is able to take part in supervised swimming and water therapy activities with the following specific requirements or additional needs:

Present Medication:

Doctors Name:

Doctors Surgery:

Doctors Signature:Date:

Section 4 – Statement and Signature:

Statement: **I am aware of, and agree to abide by, all of the Club Rules and Policies** (Club Rules and Policies are available on the club website at www.tadpoles.info. Hard copies can be provided on request).

Applicant’s Signature:Date:.....

In the case of a person under 18 years of age applying for membership it must be countersigned by a Parent or Guardian.

Parent/Guardian’s Name: (if under 18)

Parent/Guardian’s Signature:.....Date:.....

Section 1 – Personal Details:

Are you applying as a Tadpole or Volunteer or Carer

Section 1 is mandatory for Tadpoles, Carers and Volunteers. This information is required by the National Association Of Swimming Clubs for the Disabled (NASCH) to validate our insurance. Please note that the insurance policy does not include personal injury cover.

Please complete all relevant sections of this form using **BLOCK CAPITALS**, sign (Section 4) and return to Jenny Leigh, 96, Holtye Road, East Grinstead, West Sussex RH19 3EA.

It is an offence for a person to make a statement which is knowingly false or misleading as part of an application. Please provide all information requested. All information provided will be treated as CONFIDENTIAL. If, after submitting the form, any of the answers to the questions change, you **MUST** inform Jenny Leigh at the earliest opportunity. If assistance is required or you wish to discuss any matter regarding membership please ring Jenny Leigh on 01342 321779.

Use additional sheets as required and attach any sheets to this form.

1a. Have any additional sheets been used and attached? Yes/No

Name:.....

Date of Birth:.....

Address:.....

Postcode:.....

Telephone (Daytime):.....

Telephone (Evening):.....

e-mail address:.....

Section 2 – Medical Information:

Questions 2a to 2h are mandatory for Tadpoles, Carers and Volunteers, where the information may be required in an emergency during club activities and may be used to assist the Session Leader identify suitable activities. All information provided will be treated as CONFIDENTIAL.

2a. Emergency contact name:.....
2b. Emergency contact address:.....
.....
Postcode:.....

2c. Emergency contact telephone number for Thursday evenings during Tadpoles activities:

Have you been diagnosed, or ever had issue with:
2d. Epilepsy **Yes/No**
2e. Diabetes **Yes/No**
2f. Heart problems **Yes/No**
2g. Breathing difficulties, including Asthma **Yes/No**

If you answered “Yes” to any of the above, please provide details below:
.....
.....
.....
.....

2h. Do you have any allergies or any condition that a hospital may need to know about in an emergency? **Yes/No**

If “Yes” please provide details:
.....

Tadpoles and Carers: Please ensure Section 3 is completed if you have answered “Yes” to any of the above.

Section 2 (cont) – Medical Information:

Questions 2i to 2k are mandatory for Tadpoles where the information may be used to assist the Session Leader in matching suitable Volunteers to Tadpoles. Volunteers and Carers may wish to complete this section, but it is not mandatory. All information will be treated as CONFIDENTIAL.

2i. Are you receiving any treatment, including Physiotherapy? **Yes/No**
If “Yes” please provide details:.....
.....
.....

2j. Are you waiting for any treatment or surgery, including Physiotherapy? **Yes/No**
If “Yes” please provide details:.....
.....
.....

2k. Do you have a medical condition or diagnosis that:
a) affects your physical ability, e.g. stamina, walking, balance, bending, kneeling etc. **Yes/No**
b) may impair your consciousness, make you black out, lose concentration or become confused or disorientated? **Yes/No**
c) Affects your communication in any way? **Yes/No**
d) Causes depression, anxiety, panic attacks, mood swings, etc.? **Yes/No**

If “Yes” please provide details:.....
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