



Nottingham Northern Swimming Club
 Harvey Hadden Sports Village
 Wigman Road,
 Bilborough,
 Nottingham NG8 4PB



Membership Application Form



PERSONAL DETAILS

Mr/Mrs/Miss/Ms
 MALE/FEMALE

FIRST NAME: _____
 SURNAME: _____
 LIKES TO BE KNOWN AS: _____
 DATE OF BIRTH: _____
 HOME ADDRESS: _____

 POST CODE: _____
 CONTACT TELEPHONE NUMBER: _____



PARENT/GUARDIAN CONTACT DETAILS (if under 18 years old)

NAME OF CONTACT: _____
 CONTACT TELEPHONE NUMBER: _____
 RELATIONSHIP TO APPLICANT: _____

 NAME OF CONTACT: _____
 CONTACT TELEPHONE NUMBER: _____
 RELATIONSHIP TO APPLICANT: _____
 EMAIL ADDRESS: _____



EMERGENCY CONTACTS

FIRST EMERGENCY CONTACT: _____
 CONTACT TELEPHONE NUMBER: _____
 RELATIONSHIP TO APPLICANT: _____

SECOND EMERGENCY CONTACT: _____
 CONTACT TELEPHONE NUMBER: _____
 RELATIONSHIP TO APPLICANT: _____



MEDICAL INFORMATION AND REGISTERED DISABILITIES (strictly confidential shared on a need to know basis)

Please list any permanent or temporary disabilities or medical conditions, including asthma or any regular medication taken:
