



Nottingham Northern Swimming Club CHANGE OF DETAILS



It is very important that you let us know of any changes in the following information.

Name of member (block capitals)

Home address.....

.....

.....Post Code.....

Home telephone number.....

Email address (for receiving club information)

Parent or Guardian Contact Details if under 18 years:

Name of Mother:	Name of Father:
Mother's mobile number:	Father's mobile number:

First emergency contact number whilst swimming

Nominated alternative emergency contact number

Name.....Relationship to swimmer.....

Disabilities or Medical Information (This will be kept confidential on a need to know basis)

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

1	
2	
3	

Please hand this form back to the desk on Friday or Sunday at swimming club