



Oxford Swans Swimming Club

Registered Charity No 1052858

Member Health Form

Please complete and bring this with you to your first session

Swimmer's first name		Title Mr/Miss/Mrs etc	
Swimmer's last name		Date of Birth	
Swimmer's address and postcode			
Email addresses	Primary	Alternative (optional)	
Contact numbers	Primary	Alternative (optional)	

EMERGENCY CONTACT DETAILS

Whom Should We Contact in an Emergency?

Please give details of the person we should contact in the event of an emergency:

Their full name			
Their relationship to you			
Their contact numbers	Primary	Alternative (optional)	

HEALTH DETAILS

Swimmer / Helper / Family Members' Health

We need to know that it is safe for you to swim with Swans and for you to take part in other activities that the club may organise from time-to-time. You have been asked on the main membership form to certify (confirm) that you are safe to go into the water and take part in other activities which we may organise.

For this reason, it is very important that you give us as much information as you can about your health, as this will help us to meet your needs as best we can and to keep you as safe as possible. If you are applying for family membership please give name, date of birth and health **information for all helpers and family members who will be going in the water with you.**

Swimmer / Helper / Family Members' Health (please complete for each family member)

	Swimmer / Helper		1. Family member		2. Family member		3. Family member		4. Family member		5. Family member	
Name												
Date of Birth												
Do you have any of the following? <i>Please tick</i>	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Communication difficulties												
Visual difficulties												
Learning difficulties												
Hearing difficulties												
Fits /epilepsy												
Autism												
ADHD												
Heart condition												
High/low blood pressure												
Asthma												
Breathing difficulties												
Nerve or joint problems												
Balance movement difficulties												
Skin problems												
Brittle bones												
Diabetes												
Haemophilia												
Continence problems												
Are you a wheelchair user?												
Do you use a walking aid?												
Do you have a clinical diagnosis? Please tell us here:												
Do you take any medication? Please tell us here:												
Please provide details of any challenging behaviour												
Any Additional Comments:												