

**CROYDON AMPHIBIANS SC**  
**SWIM SCHOOL**  
**MEMBERSHIP/JOINING ENQUIRY**



**PROSPECTIVE MEMBER DETAILS**

|                          |  |   |  |
|--------------------------|--|---|--|
| Swimmer Surname:         |  | Swimmer Forename(s):                    |  |
|                          |  | Preferred Forename (Nickname) – if any: |  |
| Date of Birth:           |  | Gender:                                 |  |
| Current School (if any): |  |   |  |

**CURRENT SWIMMING ABILITY / BADGES AWARDED**

|  |
|--|
|  |
|--|

**DISABILITIES**

|   |                                    |                                      |  |
|---|------------------------------------|--------------------------------------|--|
| Does your swimmer suffer from any disability or condition? Please provide full details. | YES / NO<br>(delete as applicable) | If YES, please provide full details: |  |
|---|------------------------------------|--------------------------------------|--|

**ALLERGIES**

|   |                                    |                                      |  |
|---|------------------------------------|--------------------------------------|--|
| Does your swimmer suffer from any allergies? Please provide full details. | YES / NO<br>(delete as applicable) | If YES, please provide full details: |  |
|---|------------------------------------|--------------------------------------|--|

**MEDICATION**

|   |                                    |                                      |  |
|---|------------------------------------|--------------------------------------|--|
| Does your swimmer take/require any regular or emergency medication? | YES / NO<br>(delete as applicable) | If YES, please provide full details: |  |
|---|------------------------------------|--------------------------------------|--|

**PARENT/GUARDIAN DETAILS**

|                          |  |                 |  |
|--------------------------|--|-----------------|--|
| Surname:                 |  | Forename:       |  |
| Home Address & Postcode: |  |                 |  |
|                          |  |                 |  |
| Mobile Telephone:        |  | Home Telephone: |  |
| Email Address:           |  |                 |  |
| Relationship to Swimmer  |  |                 |  |

Please return the completed form to:  
**ANGIE KOPKA – SWIM SCHOOL ADMINISTRATOR**  
**([ADMIN@CASCSWIMSCHOOL.ORG](mailto:ADMIN@CASCSWIMSCHOOL.ORG))**