

Registration Form For Open Water Swimming

GENERAL DETAILS

Forename (s):..... Surname:.....

D.O.B:..... Male/Female/prefer not say:.....

Contact Number:.....Email:.....

Address:.....

MEDICAL QUESTIONS

Do you have any allergies we should be aware of? YES / NO

If yes please list below:

Do you have any medical conditions that we should be aware of? YES / NO

If yes please list below:

Do you have any medication that we should be aware of? YES / NO

If yes please list below:

EMERGENCY CONTACT DETAILS

Please give details of two people who could act as your emergency contact if required.

Name		Name	
Contact Number		Contact Number	
Relationship to you		Relationship to you	

I (please enter full name) understand that I have a responsibility to keep this form up to date and have declared all information as requested.

Signature:.....

Date:.....