

# Witham Dolphins Swimming Club Registration Form



## Swimmer's details

Surname	First Name(s)	Date of Birth

Address	Contact Number
	Alternative Contact No
	e mail address

Are you transferring from another Swimming Club ?	If 'Yes', which one ?
Yes    No	

Swimmer's Medical Conditions / Allergies / Prescribed Medication

## Next of Kin's details (if any details are the same as the swimmers' above then please quote 'SAME' in the boxes provided)

Surname	First Name(s)

Address	Contact Number
	Alternative Contact No
	e mail address

Emergency Contact Number (optional)

<input type="checkbox"/>	Please tick if you do <b>NOT</b> wish your child to be photographed for Club promotional reasons
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<input type="checkbox"/>	Please tick if you do <b>NOT</b> wish your child to be included in promotional articles on our Club Website or in the local press
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**Swimmer's signature**.....

**Parent/Guardian's signature**.....  
(if swimmer is under 18)

**Date**.....

FOR CLUB USE ONLY			
Trial Fee Received	Membership	Database	Registration