EVENING POOL MEMBERS DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First name (s) |  |
|  |  |  |  |
| Address |  |
|  |
|  |
|  |
|  |  |  |  |
| Home Phone |  |  |  |
| Work Phone |  |  |  |
| Mobile Phone |  |  |  |
| Please tick the best/preferred number to contact you on in the event an evening pool session is cancelled  |
|  |  |  |  |
| e-mail address 1 |  |
| e-mail address 2 |  |
|  |  |  |  |
| Emergency contact name |  |
| Phone number |   |
|  |  |  |  |
| Injury/Problem you are attending evening pool for |  |
|  |
|  |
|  |
|  |  |  |  |
| Medical History/Conditions |  |
|  |
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|  |
|  |  |  |  |
| Regular Medications |  |
|  |
|  |
|  |
| GP Details |  |
|  |
|  |
|  |

Patient Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referrer name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please inform the evening pool team of any changes to the above details**