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 | | | |  | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | |  |  |  | | |
| Regular Medications | | | |  | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| GP Details | |  | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |

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

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

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