



Whitchurch **WASPS** Swimming Club

Open Day Registration Form

Personal Details:

Name:

Date of Birth: Sex: Male Female

Address:

..... Post Code:

Telephone No:

Mobile No:

Fax No:

E-mail address:

Disabled Category:

Ethnic origin (self-description):

School Name (if applicable):

Are you currently taking any medication or receiving any medical treatment? Yes No

(If yes please complete supplementary Medication Declaration Form)

Contact Name in case of emergency:

Address:

..... Post Code:

Telephone No's:

Relationship:

Swimming Qualifications/Ability:

Please return all completed application forms to the Whitchurch Pool reception desk, or post to Whitchurch Wasps, Rowses Ground, Chorley Green Lane, Chorley, Nantwich, Cheshire, CW5 8JR, or fax to 01270 524260, or e-mail attachment to whitchurchwasps@aol.com.