

**NASCH APPLICATION FORM**  
**(CHESTER TERRAPINS SWIMMING CLUB)**

Name .....

Address .....

..... Postcode .....

Tel ..... Date of birth .....

**Emergency contact**

Name ..... Tel .....

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The following information is required in case of accident/emergency and will be treated in strict confidence.

I use a wheelchair at all times [ ]

Am diabetic [ ]

Have epilepsy [ ]

Suffer from allergies [ ]

Take medication [ ]

Please tell us about any condition/s that you think a doctor or hospital would need to be aware of:

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..... (continue overleaf if necessary)

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**If you are under 16 your parent or guardian must give permission for you to swim and for the coach to authorise any medical intervention which may be needed in an emergency.**

Parent's/Guardian's signature ..... Date.....

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I am aware of and agree to abide by the club's rules and policies. I have no criminal convictions for causing harm to others.

**Member's signature** ..... **Date**.....

**Helper's signature** ..... **Date**.....

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**Terrapins Swimming Club does not accept responsibility for personal liability or for loss/damage to individual's property**