



**Derwent Valley Amateur  
Swimming Club**



**MEMBERSHIP ENROLMENT FORM**

**SWIMMERS**

<b>Name:</b>	
<b>Address:</b>	<b>Phone:</b>
	<b>Email:</b>
<b>Date of Birth:</b>	<b>Gender: Male/Female</b>
<b>Disabled Category:</b>	<b>Ethnic Origin: (Self Description: eg White/British)</b>
<b>Contact in case of Emergency:</b>	<b>Please provide 3 telephone Nos &amp; relationship to child:</b>
<b>Name:</b>	<b>Tel No:</b>
<b>Address:</b>	<b>Tel No:</b>
<b>Relationship to child:</b>	<b>Tel No:</b>
<b>Declarable Medication:</b>	
<b>Allergies:</b>	
<b>Signed: Parent/Carer if under 18 years</b>	<b>Date:</b>

**Please return to the Club when you enrol**