

Robin Hood Swim Club

LAST NAME _____ MEMBERSHIP NO. _____

ADDRESS _____ HOME TEL: _____

CHILDREN (include all members of household)

Month & Year of Birth

_____	_____
_____	_____
_____	_____
_____	_____

Add-Ons:

Month & Year of Birth

_____	_____
_____	_____
_____	_____

ADULT NAME _____ Cell No: _____

ADULT NAME _____ Cell No: _____

EMERGENCY INFORMATION

ALTERNATE PERSON TO BE NOTIFIED IN CASE OF EMERGENCY:

NAME _____ RELATION _____

ADDRESS _____ TELEPHONE _____

DOCTOR _____ TELEPHONE _____

DENTIST _____ TELEPHONE _____

IDENTIFY MEMBERS WITH MEDICAL CONDITIONS OR ALLERGIES TO MEDICINES WHICH SHOULD BE KNOWN IN CASE OF AN EMERGENCY, AND GIVE DETAILS:
