



Nottingham Northern Swimming Club  
 Harvey Hadden Sports Village  
 Wigman Road,  
 Bilborough,  
 Nottingham NG8 4PB



A Nottingham City Club

# Membership Application Form



## PERSONAL DETAILS

Mr/Mrs/Miss/Ms  
 MALE/FEMALE

FIRST NAME: \_\_\_\_\_  
 SURNAME: \_\_\_\_\_  
 LIKES TO BE KNOWN AS: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 POST CODE: \_\_\_\_\_  
 CONTACT TELEPHONE NUMBER: \_\_\_\_\_



## PARENT/GUARDIAN CONTACT DETAILS (if under 18 years old)

NAME OF CONTACT: \_\_\_\_\_  
 CONTACT TELEPHONE NUMBER: \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT: \_\_\_\_\_  
 \_\_\_\_\_  
 NAME OF CONTACT: \_\_\_\_\_  
 CONTACT TELEPHONE NUMBER: \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_



## EMERGENCY CONTACTS

FIRST EMERGENCY CONTACT: \_\_\_\_\_  
 CONTACT TELEPHONE NUMBER: \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT: \_\_\_\_\_  
 \_\_\_\_\_  
SECOND EMERGENCY CONTACT: \_\_\_\_\_  
 CONTACT TELEPHONE NUMBER: \_\_\_\_\_  
 RELATIONSHIP TO APPLICANT: \_\_\_\_\_



## MEDICAL INFORMATION AND REGISTERED DISABILITIES

(strictly confidential shared on a need to know basis. We require explicit consent from you to store this information, please complete below if you agree for this information to be stored by NNSC)

Please list any permanent or temporary disabilities or medical conditions, including asthma or any regular medication taken

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