

**TOWY SALMON SWIMMING CLUB**  
**Affiliated to Halliwick Association of Swimming Therapy**

**MEMBERSHIP APPLICATION**

**Name** .....

**Address** .....

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**Tel number** ..... **Date of birth** .....

**Do you suffer from any of the following ?** (Tick as appropriate)

Visual difficulties .....

Hearing difficulties .....

Fits/Epilepsy .....

Heart condition .....

Asthma/Bronchitis .....

Nerve/Muscle complications .....

Skin problems .....

Any other problems .....

Are you a wheelchair user .....

Do you use a walking aid .....

**I consent to the use of Halliwick methods and holds and agree to abide by the rules of the club**

**Signature of applicant (or guardian if under 18)** .....

Agreement from doctor that the above details are correct and confirming that you may take part in organised swimming activity with the Club

**Doctors name**..... **Doctors signature** .....

**Address** .....

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Date .....

Swimming sessions: **Carmarthen Leisure Centre Sundays 4.15-5.45pm**

**Secretary :** John Hollies. Brixtarw, Laugharne, Carmarthen, SA33 4QP Tel 01994 427767

email [john@pda.org.uk](mailto:john@pda.org.uk).

[www.towysalmonswimmingclub.org.uk](http://www.towysalmonswimmingclub.org.uk)