

Surname <input style="width:100%;" type="text"/>	Address <input style="width:100%; height: 60px;" type="text"/>	
Forename <input style="width:100%;" type="text"/>		
Date of Birth dd/mm/yy <input style="width:100%;" type="text"/>	ASA Number <input style="width:100%;" type="text"/>	Ethnic Origin <input style="width:100%;" type="text"/>
Male/Female <input style="width:100%;" type="text"/>	Medical Conditions & Medicines	
Male/Female	1 _____	
	2 _____	
	Nature of Disability & Category: _____ _____	

Emergency Contact Details	Name	Number	Please delete
Contact 1	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	Parent / Guardian
Contact 2	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	ParentGuardian

Information
How we send information for Gala's meetings etc.
2 email addresses will result in information being sent twice.

Email.1. _____ @ _____

Email.2. _____ @ _____

Phone Tree Number *If a session is cancelled how we can contact you*

Qualifications
Can you help us. Do you have any of the following:-

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
Level 1 Swimming Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 2 Swimming Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level 3 Club Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National Pool Lifeguard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach & Rescue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRB Gallica (Lancashire) S.C.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Protection Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name		Other Information
_____	1	<input style="width:100%; height: 100%;" type="text"/>
_____	2	
_____	3	
_____	4	
_____	5	