



Registration Form

To ensure that we have the correct details about you, for general communication and emergency contact purposes, please complete all sections in this form and hand it to your coach or return by post to Rachel Jones, City of Sheffield Swim Squad Limited Office, Ponds Forge, Sheaf Street, Sheffield, S1 2BP.

We work in partnership with Ponds Forge and in order for you to access training and receive a car park permit we will need to provide Sheffield International Venues Ltd with the swimmer's name, postcode and date of birth. We will not use any other information that you supply other than for communication of City of Sheffield Swim Squad Limited services.

If you are under 18, please also ask a parent or guardians to check and sign the form before returning it.

Personal Details (Please complete in block capitals)

Forename _____ Surname _____
DOB _____ (dd/mm/yyyy)
Address _____
City _____ Postcode _____
Squad _____
Home Number _____ Mobile Telephone _____
Email address _____

Long term injury / illness details e.g. Asthma, Epilepsy, Diabetes:

Emergency Details

Emergency Contact One

Name _____ Telephone Number _____

Emergency Contact Two

Name _____ Telephone Number _____

Signature of Parents / Guardian (If under 18) _____