



MEMBER MEDICAL INFORMATION FORM

Could you please complete and send to haveringdolphins@gmail.com or alternatively pass to the Club. Please complete a member medical information form for each member.

ABOUT MEMBER	
SURNAME:	
FIRST NAME:	
ADDRESS:	
POSTCODE:	
MALE/FEMALE:	
DATE OF BIRTH:	
AGE:	
ASA MEMBERSHIP NUMBER:	
(* NEED TO REGISTER IF NO NUMBER):	
PAST MEDICAL HISTORY, INJURIES OR PREVIOUS DIAGNOSIS (PLEASE DETAIL):	
SPECIAL INSTRUCTIONS IN AN EMERGENCY (PLEASE DETAIL):	
EMERGENCY CONTACT DETAILS	
CONTACT NAME (1)	
CONTACT NUMBER (1):	
CONTACT NAME (2)	
CONTACT NUMBER (2):	
SPECIAL INSTRUCTIONS IN AN EMERGENCY (PLEASE DETAIL):	

SIGNATURE: _____

DATE: _____

GUARDIAN/PARENT SIGNATURE (IF UNDER 18 YEARS OLD): _____

DATE: _____