

**CHARNWOOD SPORTS CLUB  
FOR THE DISABLED**



'THE CHARNWOOD FOXES'

MEMBERSHIP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone:

E-mail:

Please provide any information you think we should know for your safety in and out of the water:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed:

Date:

Associate\* membership form or Contact details

Name(s):

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone:

E-mail:

\*Associate members are family members or friends of CSCD and as such may swim, or take part in any activity the club undertakes, if space permits.

Signed:

Date: