



Crawley Town Life Saving Club - Membership Form

(28/02/16)

Details

First Name		Home Phone	
Last Name		Mobile Phone	
Date of Birth		Email Address	
Address & Post Code			

Additional Members *(covered under the family membership scheme)*

First Name	Last Name	Date of Birth	Relation

Emergency Contact

First Name		Home Phone	
Last Name		Mobile Phone	
Doctor's Name		Email Address	
Surgery Name		Phone No.	
Surgery Address			

Medical Information

Medical Conditions or Allergies	
Medication or Treatments	

Membership Details *(if applicable)*

RLSS Number		Renewal Date	
SLSGB Number		Renewal Date	

CLUB USE ONLY

Added to Database		Paid 2015 Membership		Parental / COP Forms	
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