

# Cheltenham Swimming and Water Polo Club



## INFORMATION UPDATE FORM

**PLEASE PRINT:**

FULL NAMES OF ALL FAMILY MEMBERS AFFECTED: MEMBERSHIP NUMBER:

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.....  
.....  
.....  
.....

1. Change of Address:

**Old** .....

**New** .....

2. New telephone number: .....

3. New email address: .....

4. New emergency contact details Please supply **two** emergency contact details:

1. ....

2. ....

5. Current number of weekly sessions:

Name Swimming Water Polo Synchro.

Child/Member 1: .....

Child/Member 2: .....

Child/Member 3: .....

Child/Member 4: .....

Child/Member 5: .....

6. Current medical information: .....

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**Signed:** ..... **Dated:** .....

*(Parent/Guardian if appropriate)*

**Please return this form to Dickie Middleton ASA Registration Secretary of 129**

Hales Rd, Cheltenham, Gloucestershire GL52 6ST or e mail to

[dickie.middleton@btopenworld.com](mailto:dickie.middleton@btopenworld.com)