

Cromwell Pool Membership Form

Customer Membership Information – One form per member

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Male/Female: (Please circle one)

Postal Address: _____

Town: _____ Post Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Emergency Contact Person Information:

Name: _____ Cell Phone: _____

Do you have a medical condition, disability or an allergy we should be aware of, e.g. diabetes, asthma, angina, latex, peanut's.

Diabetes Asthma Blood Pressure Epilepsy Arthritis Heart Disease Anaphylaxis

Other: _____

Medications: _____

Allergies: _____

All information supplied is held by CODC for the sole purpose of membership records and service; it may be disclosed to Emergency Response Personnel if in the event that you require their assistance. Please advise pool staff should the details above change or if medical conditions exist that could require special attention by our staff.

Signature of New Member: _____ Date: / /20
or (guardian/parent if under 18 years)

Guardian/Parent Name: _____

Cell Phone: _____ Address: _____

Town: _____ Post Code: _____

I have read the terms and conditions

Staff to complete: Envibe Membership number: _____ Date of Purchase / /20_____

Sold by Staff (Name): _____ What was Purchased: _____

Payment Type: EFTPOS, Cash, Direct Debit, Credit Card (Please circle one).

Information added in Envibe by: _____ Update of information only Yes No