



Registration Form

Name (Please print)

Address

Date of Birth

Mobile Number

Email Address

Emergency Contact Details (Name and telephone number)

Health Information

Please tell us about any illnesses or health conditions that may impact on your ability to swim in open water.

Swimming Experience

Inc. experience in open water, distance and temperature of water swum in.

WhatsApp Group

Please tick here if you would like to be added to the club's WhatsApp group.

Disclaimer

By signing this document I am certifying that the information above is correct and agree to swim at my own risk and understand the dangers associated with open water swimming. I hold all responsibility for any injuries that may occur during an open water swim or as a result of an open water swim with Henley Open Water Swimming Club and therefore agree to waiver responsibility and not make any claim against them.

Signed

Date

DATA PROTECTION

HOWSC is committed to keeping your data confidential. The information provided on this form will only be used to contact you or your emergency contact and will **not** be shared with third parties. By signing below you are giving your consent to HOWSC using your data in the manner described above. You are able to withdraw your consent at any time by contacting the club via email at HOWSCopenwaterclubs@gmail.com

I have read and and agree with the above statement.

Signed

Date