

**BRAT Club**

**Bittell Open Water Swimming**

**Guest Registration Form**

|  |  |
| --- | --- |
| **Name** |  |
| **Friend of (BRAT member name)** |  |
| **Contact email or telephone number** |  |
| **Age** |  |
| **Relevant medical conditions**  |  |
| **Triathlon club membership** |  |
| **Next of kin*** **Name**
 |  |
| * **Contact number**
 |  |
| * **Relationship to you**
 |  |

|  |  |
| --- | --- |
|  | Tick or type YES to confirm |
| **I have read and understood the BRAT guidelines and safety info** |  |
| **I am aware that swimmers swim at their own risk and must listen to, and abide by, the instructions of the safety team on duty** |  |

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  | Tick or type YES to confirm |
| **I will be responsible for my guest whilst they are swimming and on site at Bittell** |  |

**BRAT Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**