|  |
| --- |
| **This information MUST be presented to the Supervising Instructor at the beginning of the course. It will be returned to you upon completion. Please make sure it is returned to you.** |

|  |  |
| --- | --- |
|  | **Emergency Contact Details** |
| Name of Participant |  |
| Name of Emergency Contact |  |
| Relationship to participant |  |
| Tel Nos | H: | M: |
| Address |  |
|  |

|  |
| --- |
| **Medical/ Health Information** |
| Please list details of any medical treatment being received, medical condition or any medication being taken that may affect the participant’s ability to take part in the activity or of which your instructor should be aware. Please note that a medical condition need not necessarily prevent you from taking part in the course. The participant (or participant’s parent/guardian) consents that this medical information may be used if necessary.  |
| Please provide information here |
|  |
| **HEALTH DECLARATION** I declare that, * 1. to the best of my knowledge the participant is fit to take part in the course,
	2. I allow the above data to be used if necessary.
	3. To the best of my knowledge the participant is not suffering from any infectious or contagious disease
 |
| Signature Participant or parent/guardian | Date: |