

# Regional Windsurfing League 2023

## Part 2 – Medical Details



**IMPORTANT:** You must also complete part two of this form 'Medical Details'

### Parental Contact

Name

Relationship to Sailor

Mobile No.

Home No.

### Alternative Emergency Contact

Name

Relationship to Sailor

Mobile No.

Home No.

### Doctor's Details

Doctor's name

Doctor's number

Are you fit for this event?

YES/NO

Tetanus Date

Do you have any additional information that the event management should be aware of?

YES/NO

If yes please give details

I confirm that I have provided the medical information listed above for the purposes of participation in the Event. I understand that this information will only be used for that purpose and will be retained for as long as necessary to comply with the organisers legal obligations. I agree

YES/NO

Do you have any allergies? Have an Epi Pen

***Thank you for registering for the event.***