

SCULLING FOR PLEASURE

Personal Details Form

Please return this form at least 2 weeks prior to the course date. Without this form being completed & signed you may not take part in the course.

COURSE LOCATION:	COURSE START DATE:	
NAME:	DATE OF BIRTH:	
ADDRESS:	TEL NO DAY:	
	TEL NO EVE/MOBILE:	
	EMAIL:	
EMERGENCY CONTACT ON COURSE DAY OR INDICATE ON SECTION ABOVE:	CONTACT TEL NO:	
ADDRESS:	CONTACT'S RELATIONSHIP TO YOU:	
SWIMMING ABILITY - PLEASE TICK AS APPROPRIATE I am able to swim 100 yards in light clothing I am NOT able to swim 100 yards in light clothing		
PLEASE DETAIL ANY MEDICAL CONDITIONS OR TREATMENT BEING RECEIVED WHICH MAY AFFECT THE WAY IN WHICH YOU PARTICIPATE IN THIS ACTIVITY, IN PARTICULAR RESPIRATORY PROBLEMS SUCH AS ASTHMA AND ANY CIRCULATORY OR HEART PROBLEMS:		
Are you registered as disabled? YES/NO		
THE SIGNING OF THIS FORM SIGNIFIES THAT: The participant is physically fit to take part in this activity, confident in water, willing to comply with all safety regulations and understands the dangers of infection from the river.		
SIGNATURE:	PRINT NAME:	DATE:

ALL THE ABOVE INFORMATION WILL REMAIN CONFIDENTIAL TO YOUR COACH

Please return this form ASAP to: Bret King, 5 Chalklands, Bourne End, Bucks SL8 5TQ

Bretking5@hotmail.com : 07900 935542

If you are unable to attend the session and cancel within 24 hours, you will not be charged.