



Please complete the following, sign and return to: Matt McPherson (07958 321655)

Name	
Date of Birth	
Address (inc. Postcode)	
Tel (evening):	
Tel (day):	
Mobile	
e-mail	
Medical Details	
Family Doctor	
Doctor's Tel No	
Do you suffer from any medical conditions/allergies that the Club/ coach should be aware of (including any current medication)?	
Please provide details of medication that must be administered	
Emergency contact details:	
Telephone Number	
Relationship to you	

CONSENT (please read carefully:

- a) I agree to take part in the activities of the Club.
- b) I confirm to the best of my knowledge that I do not suffer from any medical condition other than those listed above.
- c) I understand that the Club or Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the Club's organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Club or the Organisers.

Signed

Date:

www.westwalestropics.co.uk