



Personal Details Form

Please return this form on the day. Without this form being completed & signed you may not take part in the course.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------|--------------------------|
| COURSE NAME: | | COURSE DATE: | |
| NAME: | | DATE OF BIRTH: | |
| ADDRESS: | | TEL NO DAY: | |
| | | TEL NO EVE: | |
| | | 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 <input type="checkbox"/> This person is a confident swimmer <input type="checkbox"/> This person is confident in the water but does not swim well | | | |
| PLEASE DETAIL ANY MEDICAL CONDITIONS, TREATMENT, MEDICATION OR ALLERGIES WHICH OUR INSTRUCTORS SHOULD BE AWARE OF, eg. Inhaler, EpiPen etc: Are you registered as disabled? YES/NO | | | |
| Please indicate the name of the school you attend, which county/LEA the school is located in and the year that you are currently in. | | School: County/LEA: Year: | |
| Number of hours taken part in sport in last week: | | | |
| Which ethnic group do you consider you belong to? Please tick as appropriate | | | |
| White | <input type="checkbox"/> | Mixed | <input type="checkbox"/> |
| Asian | <input type="checkbox"/> | Black | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | <input type="checkbox"/> |
| Do you consent to being filmed/photographed for the purposes of promoting Longridge? YES / NO | | | |
| THE SIGNING OF THIS FORM SIGNIFIES THAT: The participant is physically fit to take part in this activity, confident in water (where applicable) and willing to comply with all safety regulations. | | | |
| For young people, signature of parent/guardian. SIGNATURE: | | PRINT NAME: | DATE: |

ALL THE ABOVE INFORMATION WILL REMAIN CONFIDENTIAL TO CENTRE STAFF
 Please return this form to: Longridge, Quarry Wood Road, Marlow, SL7 1RE
www.longridge-uk.org : bookings@longridge-uk.org