



## 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.

<b>COURSE NAME:</b>	<b>COURSE DATE:</b>
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<b>NAME:</b>	<b>DATE OF BIRTH:</b>
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<b>ADDRESS:</b>	<b>TEL NO DAY:</b>
	<b>TEL NO EVE:</b>
	<b>EMAIL:</b>

<b>EMERGENCY CONTACT ON COURSE DAY OR INDICATE ON SECTION ABOVE:</b>	<b>CONTACT TEL NO:</b>
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<b>ADDRESS:</b>	<b>CONTACT'S RELATIONSHIP TO YOU:</b>
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**SWIMMING ABILITY - PLEASE TICK AS APPROPRIATE**

This person is a confident swimmer

This person is confident in the water but does not swim well

**PLEASE DETAIL ANY MEDICAL CONDITIONS OR TREATMENT BEING RECEIVED WHICH MAY AFFECT THE WAY IN WHICH YOU PARTICIPATE IN THIS COURSE:**

**Are you registered as disabled? YES/NO**

<b>IF YOU ARE OF SCHOOL AGE:</b>	<b>School:</b>
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.	<b>County/LEA:</b>
	<b>Year:</b>

**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"/>
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**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.

<b>For young people, signature of parent/guardian. SIGNATURE:</b>	<b>PRINT NAME:</b>	<b>DATE:</b>
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**ALL THE ABOVE INFORMATION WILL REMAIN CONFIDENTIAL TO CENTRE/COURSE STAFF**  
Please return this form ASAP to: Longridge, Quarry Wood Road, Marlow, SL7 1RE