



Group Personal Details Form

GROUP NAME:
DATE OF VISIT:

BOOKING REFERENCE:

Please print the names of your group on the table below, use one line for each person in the group. Use as many sheets as required for number in your group.

AGE: As at the time of the visit. **MED:** Tick if there is a relevant medical condition and detail overleaf.

SWIM: Tick if participant is able to swim 50 metres in ordinary clothing and stay afloat for 5 minutes.

EMERGENCY CONTACT: Emergency Contact name and telephone number on the day of the visit.

	FORENAME	LAST NAME	AGE	MED	SWIM	EMERGENCY CONTACT
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

Name of Group Leader:

Signature of Leader:

Date: