

Strictly Confidential

Organisation: _____	Event Start Date: ____/____/____
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<u>Personal Details</u>	
Name: _____	Date of Birth: ____/____/____
Address: _____ _____ _____	Gender: Male / Female
Telephone No: _____	

<u>Contacts in the event of an emergency</u>	
Work Contact: _____	Tel. No. _____
Home Contact: _____	Tel No. & Address (if different to above) _____ _____ _____

To assist us in ensuring your safety and well being, please answer the following questions:	
Do you have diabetes?	Yes/No
Do you suffer from a fracture, tendon or ligament damage? Please specify which	Yes/No
Do you suffer from back or joint problems? Please specify which	Yes/No
Do you suffer from heart problems or have high blood pressure? Please specify which	Yes/No
Do you suffer from epilepsy, dizziness or vertigo? Please specify which	Yes/No
Do you suffer from asthma?	Yes/No
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Please give details <u>overleaf</u> of any medicine you are currently taking.	
Has your doctor advised you to limit or avoid certain types of activity? If so please give details overleaf.	
If you have answered yes to any questions and feel we need further details, please use the space overleaf. Please supply any other information we might require.	

**Please continue overleaf**

Dietary Requirements

Please specify any special dietary requirements:

Are you allergic to anything? Give details:

Are you vegetarian?      Yes/No

Please give details of any additional dietary information.

Continuation of medical details

I give my permission for Lindley Educational Trust to use any photographic images taken of me during this event. (Please put a cross in the box if you do **not** agree to this)

I confirm that the above information is correct and that I have completed the form myself.

Signed:

Date:

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Please return your completed form either by post or fax to:

Lindley Educational Trust Hollowford Centre Castleton Hope Valley S33 8WB
Tel. 01433 620377 Fax. 01433 621717

**PLEASE NOTE:
THIS INFORMATION WILL BE DESTROYED IMMEDIATELY AFTER YOUR EVENT**