

UNIFORM INDIVIDUAL INFORMATION FORM



Please complete in CLEAR BLOCK CAPITALS and return to your instructor on or before the day of your activity.

Name of participant:			
Date of Birth:			
Activity:	Date:	/	/ 2019
Address:	Postcode:		
Email:			
Contact Number:	Emergency Contact Details:		

Medical Declaration

Has the participant had any recent injuries which we should be aware of? If "yes", please give details below.	Yes	No
Does the participant require medical treatment which may be necessary during the session? If "yes", please give details below.	Yes	No
Does the participant have any other medical conditions, allergies or phobias which we should be aware of? If "yes", please give details below.	Yes	No
Has the participant had a tetanus injection in the past ten years'?	Yes	No
Please confirm that the participant is able to swim 50 metres and keep afloat for 5 minutes in clothing and equipment appropriate to the activity	Yes	No
Do you consent to be being filmed/photographed for promotional materials, if published they are never published with the names of the individual	Yes	No
Do you wish to receive details of future activities and special promotions by our mailing list	Yes	No
Do you wish to receive details of future activities and special promotions by text	Yes	No
Do you wish to receive details of future activities and special promotions by email	Yes	No

You acknowledge that watersports and other outdoor activities are presumed risk activities and accept the possibility of personal injury, death, property damage or loss resulting from your/your child's participation in the proposed activity.

You declare that the information on your Booking and/or Personal Information Form is true and correct, and you have not withheld any information that may be used in determining your/your child's ability to participate in the proposed activity.

By signing this form you have agreed with the storage and handling of your data by this company as laid out in our Privacy Policy available on our website (www.engagewatersports.com)

Name:	(Name of Parent or Guardian if participant is under 18)		
Signature:	Today's Date:	/	/2019