



Consent & Medical INFORMATION

www.cycle4adventure.co.uk

Activity Details			
Activity or course			
Date		Please return completed forms by:- 5.00pm two days prior to first activity session	
Activity Venue		Other venue	
Participant details			
Name (participant #1)		Date of Birth	
Address		Post code	
Contact telephone number		Do you have any medical Conditions (please list below)	
All participants below MUST live at the same address as participant #1			
	Participant name	Date of Birth	Does the participant have a medical condition (please list below)
Participant #2			
Participant #3			
Participant #4			
Participant #5			
Emergency Contact Details			
Name		Relationship to participant	
Address during activity		Contact telephone number #1	
		Contact telephone number #2	
Medical Details		Consent and acknowledgment	
Any medical conditions, recent illnesses , allergies, surgery, pregnancy or other information the instructor should be aware of		Please read the Statement of Risk Statement and Terms & Conditions	
		This section is to be completed by the parent or guardian of the participant, if under the age of 18 years. If participant is over 18 years, please complete for yourself.	
Details of any medication		We have read and agree with the "Statement of Risk" statement	
		I confirm that all the information is correct to the best of my knowledge and that I give Consent to the participant taking part in the activity.	
		Completed by:	
Doctors name		parent or guardian / participant over 18	
Doctors address		Name	
		Date	
Doctors telephone no.		Signature	