

SOUTH EAST JUNIOR REGIONAL SQUAD

COACH/HELPER

Full NameDate of Birth

Address.....

.....Postcode

Telephone numbers: LandlineMobile

E-mail contact address

BOF Number.....SI Number

NEXT OF KIN

Name

Relationship.....

Address

.....Postcode

Telephone numbers: LandlineMobile

E-mail contact address

MEDICAL

Doctors Name.....

Surgery Address.....

.....Postcode

Telephone

Any medical disabilities, treatment, medication, allergies or any other relevant information? (e.g. must carry inhaler at all times, takes tablets daily, hay fever sufferer etc.)

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Any special dietary requirements.....

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When did you last have a tetanus injection? Not known / more than 3 years ago / date

I undertake to inform the Squad Management of any changes to my medical health or fitness prior to the date of departure/ commencement of activity.

I am in agreement that those in charge may give permission, including written, for the participant mentioned above to receive medical/ dental treatment in an emergency.

Signed Date

I have read the South East Orienteering Association GDPR Policy and consent to my data being held securely as detailed in the policy. I consent to the Squad Management using my email address to keep me informed of squad activities.

Signed Date