

Carsington sports & leisure

Health Declaration Form

(Please complete the form using block capitals)

Activity Booked: _____
Date of Activity: _____

Name: _____ Mr, Mrs, Miss, Ms (Delete as necessary)
Address: _____

Postcode: _____
Date of Birth: _____
Telephone No: _____
Email Address: _____

Emergency Contact

Name: _____
Relationship: _____
Telephone No: _____

Declaration of fitness to take part in the specified activity

Details of any medical condition (including medication) _____

If none, please write none _____

I declare that to the best of my knowledge I am not suffering from any condition which may affect my participation in the activity

Signed: _____ Date: _____
(signature of parent or guardian if under 18 years)

Please tick this box if you would like to be added to our mailing list ☐

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