



Personal Details Form

Please return this form at least 2 weeks prior to the course date. Without this form being completed & signed you may not take part in the course.

COURSE NAME:	COURSE DATE:
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NAME:	DATE OF BIRTH:
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ADDRESS:	TEL NO DAY:
	TEL NO EVE:
	EMAIL:

EMERGENCY CONTACT ON COURSE DAY OR INDICATE ON SECTION ABOVE:	CONTACT TEL NO:
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ADDRESS:	CONTACT'S RELATIONSHIP TO YOU:
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SWIMMING ABILITY - PLEASE TICK AS APPROPRIATE

This person is a confident swimmer

This person is confident in the water but does not swim well

PLEASE DETAIL ANY MEDICAL CONDITIONS OR TREATMENT BEING RECEIVED WHICH MAY AFFECT THE WAY IN WHICH YOU PARTICIPATE IN THIS COURSE:

Are you registered as disabled? YES/NO

IF YOU ARE OF SCHOOL AGE:	School:
Please indicate the name of the school you attend, which county/LEA the school is located in and the year that you are currently in.	County/LEA:
	Year:

Which ethnic group do you consider you belong to? Please tick as appropriate

White	<input type="checkbox"/>	Mixed	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black	<input type="checkbox"/>	Other	<input type="checkbox"/>
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THE SIGNING OF THIS FORM SIGNIFIES THAT:

The participant is physically fit to take part in this activity, confident in water (where applicable) and willing to comply with all safety regulations.

For young people, signature of parent/guardian. SIGNATURE:	PRINT NAME:	DATE:
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ALL THE ABOVE INFORMATION WILL REMAIN CONFIDENTIAL TO CENTRE/COURSE STAFF
Please return this form ASAP to: Longridge, Quarry Wood Road, Marlow, SL7 1RE