



Park & Play: Medical Details

BLOCK LETTERS PLEASE

NWC Administration Cost

£1

Paddler Information		
Full Name	Age	NKC Membership Number
House Number / name	Post Code	
Telephone	Email	

Medical Information
Please give details of any disabilities you have:
Please give details of any medical conditions that the Centre should be aware of:
Please give details of any allergies you have:
Is there any other information that may be relevant to your participation in this activity:

Emergency Contact Details	
Name	Relationship to you:
Telephone	Mobile

Photographs	
We occasionally film or take photographs of our activities for publicity reasons, including reproduction on our website. If you do not agree to us using photographs or footage that includes yourself/your child, please tick the box	<input type="checkbox"/>

I am over the age of 18 and confirm that all the information supplied above is correct		
Name:	Date:	Signature:

A parent/guardian must sign below if the participant is under 18 years of age:		
I the legal parent/guardian of give consent for my child to take part in this activity. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.		
Name:	Date:	Signature: