



Emergency Form

Please complete this Emergency Contact Form so that the club will be able to contact some-one for you, should an incident occur whilst you are paddling. Your medical details will be kept confidential.

Name:	
Date of Birth:	
Next of Kin:	
Home Address:	
Telephone No.:	
Mobile No.:	
Alternative Contact Name:	
Telephone No.:	
Mobile No.:	
Relationship to Participant:	
Please state medical condition and/or medication:	
Signed (if under 18 Parent/Guardian)	
Date	

Assessed as competent to paddle on Errwood Reservoir:	
Name of coach	
Signature of coach	
Date	