

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS**

**Course or Activity:**…………SNOWDON CLIMB……………………………………………………**DATE**… 13/09/2020……….

**Name** ……………………………………………………………………………..……………………………..…………………………………………………...…………………

**Address**…………………………………………………………………………..…….…………………………………………..……… Post code: ………………………….

**Daytime tel** *……………………………………………………………..………………..* Mobile …………………....……………………………….

E-mail ……………………………………………………………………………………….Age ……… Date of Birth \_ \_ / \_ \_ / \_ \_ Gender: M or F (delete as appropriate)

**Please inform us of any health problem or condition which:**

• May be adversely affected by physical exercise…………………………………………………………………………………………………………………………………..

• Is being controlled by medication………………………………………………………………………………………………………………………………………………………..

• Involves your circulatory, respiratory, nervous, or skeletal system, recent injury, illness or complaint

…………………………………………………………………………………………………………………………………………………………………………………………………………………..

• If you are allergic to any medication, please specify…………………………………………………………………………………………………………………………..

**Please give an emergency contact name and phone number**

Name……………………………………………………………………….………..……..……. Relationship to you….…………………………………………………………………………………

Contact Numbers daytime………………………………………………… evening …………………………………………………………………………………….

**I can confirm that I am fit and able to take part in this activity and that there is no known factor that could affect my ability to participate:**

**Signature of participant ……………………………………………………… Date…………………………**

**Print your name ……………………………………………………………….**

**Signature of Parent / Guardian …………………………………………………………………Date ………………………..**

**Print your name ……………………………………………………………….** *(Required if participant is under 18 years)*