

# SUNSPORT 08

Please read the form carefully and complete every section. If you have any difficulties in completing the form contact the above number.

Name (participant)

Address:

Postcode:

Home Telephone No:

D.O.B.

Email Address

## Parent/Guardian (emergency contact)

Name:

Relationship:

Address (*If same as above leave this box empty*)

Postcode:

Home Telephone No:

Mobile No:

Nature of Disability:

Wheelchair User

Yes / No

Medication

Any additional Information or requirements e.g. Toileting, Behaviour. Please continue overleaf if required.

The above information is to the best of my knowledge, correct. I undertake to inform Sunsport 08 of any relevant changes in medical circumstances and I give my consent for medical treatment including anaesthetics, as considered necessary by the medical authorities. I am aware of the nature of the activities and that there is any element of risk in sports activities. I voluntarily accept the risks involved.

**Signed:**

**Date:**

*(by parent or guardian if under 18)*

I am happy to have pictures taken and used for publicity material  
(please tick appropriate box)

YES

NO

I agree for my name and contact details to be put on the RMBC  
data base

