



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.

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|---|--|
| 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 | |