



## Medical form

### Course Details

Coaching/Training  
Required \_\_\_\_\_

Date of Course \_\_\_\_\_ Start Time \_\_\_\_\_ EndTime \_\_\_\_\_

### Personal Details

Title (Mr / Mrs) \_\_\_\_\_ Full Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

Age \_\_\_\_\_

### Medical Conditions, Allergies or Disabilities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Dietary Requirements:** Vegetarian Vegan Other (Please specify)\_\_\_\_\_  
(Please circle as appropriate)

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**Next Of Kin**

Title (Mr / Mrs)\_\_\_\_\_ Full Name\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_ Post Code\_\_\_\_\_

Phone\_\_\_\_\_

Mobile\_\_\_\_\_

Relationship\_\_\_\_\_

**Declaration**

I confirm that I have read, understood, and agree to abide by the **Terms and Conditions** and that I have filled out the **Medical Conditions, Allergies or Disabilities** section on this form.

If under the age of 18 this section must be signed by a parent or legal guardian.

Signed\_\_\_\_\_

Print Name\_\_\_\_\_

Date\_\_\_\_\_

