



ON THE DAY ENTRY

(£40 ENTRY FEE IN CASH)



PERSONAL DETAILS

PLEASE PRINT CLEARLY AS THIS INFORMATION WILL BE USED FOR YOUR CERTIFICATE. ALL SECTIONS MUST BE COMPLETED

Forename:				Surname:			
Address:							
Post Code:			Telephone:			Mobile:	
Date of Birth:	/	/	Gender:	Male : <input type="checkbox"/>	Female : <input type="checkbox"/>		
Email:							

KNOWN MEDICAL CONDITIONS

This information will be kept in strict confidence and only accessed by the Fellsman Administrator in the event of an emergency. No medical data will be stored electronically and the paper copy will be securely destroyed following the event.

Do you have any known medical conditions which the emergency services may need to be aware of in the event of an incident (e.g. diabetes, epilepsy, allergies)?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If Yes, please give details:		
Please give details of any medications you are taking:		
Please give details of any disabilities which emergency services need to be aware of?		

EMERGENCY CONTACT DETAILS (REQUIRED)

Do you intend to carry a mobile phone (switched on) on the event?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Please give details of the number:	
In the event we need to contact a member of your family, please give details.				
Name and relationship:				
Address (if different to your own):				
Contact Telephone Number:				

ADDITIONAL INFORMATION

Are you a member of The Scout Association?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Scout Group & District:	
Is this your first time on this Event?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	If not, please indicate, including this Event, how many years entered:	

I understand that I am taking part in this event at my own risk and agree to abide by the rules of the event. I accept the organisers' decision as final. (Please sign and date)

ADMIN USE ONLY:	Form complete ?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	£40 entry fee paid?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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