MEDICAL CONDITIONS, DISABILITIES, AND DIETARY REQUIREMENTS.

HAVE YOU EVER SUFFERED SERIOUS INJURY OR DISCOMFORT

WHILST RIDING?

- YES - NO

IF YES PLEASE DESCRIBE

PLEASE DETAIL ANY MEDICAL CONDITIONS, DISABILITIES OR

DIETARY REQUIREMENTS THAT MAY AFFECT YOUR ABILITY TO RIDE

OR TAKE PART IN CAMP WHICH WE SHOULD BE AWARE (E.G.

DIABETES, BACK PROBLEMS, ASTHMA ETC)

EMERGENCY CONTACT DETAILS.

NAME-

RELATIONSHIP-

TELEPHONE NUMBER -

NAME-

RELATIONSHIP-

TELEPHONE NUMBER -

DOCTORS NAME -

DOCTORS SURGERY –

DOCTORS TELEPHONE NUMBER