

Mevagh Ramblers

Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_

Phone No: \_\_\_\_\_

Name of Person to contact in the event of an accident or emergency

Name: \_\_\_\_\_ Tel. No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Any personal difficulties or illness, which should be known to the walking club leaders?

Yes

No

If yes please provide details

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

Have you had any accidents arising out of Club Sport or Activity during the past three years?

Yes

No

If yes please provide details

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

I have received a copy of the club guidelines and information and I agree to accept them.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_