

Participant Information Form:



Name			
DOB:			
Address		Phone/ Mobile:	
		e-mail:	
Emergency contact: Relationship: Contact no:			
Do you suffer from:		If Yes, please give details:	
Heart condition	Yes/No		
Epilepsy	Yes/No		
Asthma	Yes/No		
Diabetes	Yes/No		
Back problem	Yes/No		
Muscle strains	Yes/No		
Recurring injuries	Yes/No		
Allergies	Yes/No		
Any condition which may be made worse by participating in this activity	Yes/No		
I can swim 50m (surf lessons only)			Yes/No
Surfing experience: (Please tick)	Absolute beginner Beginner Intermediate		

Signature: (of parent/guardian if under 18)..... Date:

For instructor use only		
Passed	Cautions	Not passed (reason)

Signed (Instructor): Date: