

## Salford Watersports Centre

### Personal Information Form

April 2008 – March 2009

Name of participant: Mr / Mrs / Ms / Miss \_\_\_\_\_

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

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

Home Tel number: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

#### Emergency Details

##### In case of emergency contact:

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

Tel Number: Mobile \_\_\_\_\_ Evening \_\_\_\_\_

#### Health Information

Does the participant suffer from any health problem, disability or special need, that we may need to be aware of, if so please give details? E.g. Asthma, Epilepsy, Angina

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

#### Photographs (please delete as appropriate)

I am / am not happy for photographs of the above named person to be used for Salford Community Leisure Ltd publicity.

#### Participants Over 16 – I understand that

- Salford Community Leisure staff reserve the right to cancel an activity
- All the information above is correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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#### Parent / Guardian Consent (under 16yrs)

I \_\_\_\_\_ give permission for my son / daughter to take part in activities at Salford watersports Centre and all the information above is correct.

Signed: (parent / guardian) \_\_\_\_\_ Date: \_\_\_\_\_