

**Personal Information Form**

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| Forename and Surname: |   |
| Date of Birth: |  | Age: |  |
| Contact Number:  |  |  |
| Email address (if you’d like to hear from us in the future). |  |
| Address: |  |
| Name of Emergency Contact: |  | Relationship: |  |
| Telephone Number(s) for Emergency Contact: |  |
| Can you swim 50m? |  (answering “no” does not preclude you from any activities) |
| Do you take any medication? If, so please describe... |  |
| Please detail any medical conditions what we need to be aware of...(Include recent operations, old injuries and allergies) |  |
| Medical Consent:**(Signature required...)** | If you agree to emergency medical treatment, including aesthetic, which may be necessary as part of a medical emergency during the time you are with Alfresco Adventures, please sign here:- |
| How did you find us/ hear about us?  |  |
| Photographic Consent: | Members of staff may take your photo. The photographic images may be used for future publicity including our website, Facebook etc. They will never be given to any third party. You may later withdraw your permission for one or all images and we will endeavour to remove photographic images from circulation as soon as we are able.**Please state “no” here if you do not consent: -** |