

PARTICIPANT DETAILS												
Name												
Name of school/course								Gender	M	F		
Course dates								Age:	Date of Birth:			
Cell phone	0	-						Home phone	0	-		
Address												
E-mail												
Please tick the box if you do <u>not</u> want to receive information about other courses at Hillary Outdoors. At no time will we ever sell or provide your information to anyone else.											<input type="checkbox"/>	
Next of kin/emergency contacts:												
Name						Relationship						
Home phone	0	-				Work phone	0	-				
Cell phone	0	-			Email							
Doctor's name												
Doctor's contact												

PERSONAL INFORMATION		
<p>Hillary Outdoors has a policy of inclusion. In order to achieve this safely it is vital that we have as much information as possible about our participants. It is <b>ESSENTIAL</b> that you give us accurate and detailed information. Attach an additional sheet if necessary. Note: Any information provided will be treated as confidential.</p> <p><b>IF ANYTHING CHANGES BETWEEN COMPLETING THIS FORM AND THE TRIP IT IS ESSENTIAL YOU LET US KNOW.</b></p>		
	Yes	No
Do you have any particular dietary needs? Details:		
Do you have any intellectual, social, or behavioural needs or conditions/disorders that Hillary Outdoors needs to know about? E.g. ADHD; depression; fears; anxiety, mood, eating, impulse control, addiction or psychotic disorders; OCD; PTSD or other (please state). Details:		
Do you have any medical or physical conditions that could affect either your or others participation on the programme? e.g. bad back; old injuries/dislocation; poor fitness; pregnancy; diabetes; epilepsy; high blood pressure; injury; illness; asthma; obesity; sight or hearing impediments or other (please state). Details:		
Are you taking any medication? (Please bring spares of any medication for your instructor to carry). Details:		
Have you been in contact with any contagious diseases in the past 2 years? Details:		
Do you have any allergies? Details: What action should be taken?		
I agree to me / my child being given over-the-counter medication e.g. Panadol or Ibuprofen.		