



Group Personal Information Form

(All individuals within your group must bring a completed & signed copy of this form. Without this they will not be able to take part in activities)

Name of participant: _____

Group attending with: _____

Date(s) of visit: _____

Time: _____

Emergency Details

In case of emergency contact:

Name : _____ Relationship : _____

Tel Number: Mobile _____ Evening _____

Health Information

Do you or your child 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: _____

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: _____