Complete in BLOCK CAPITALS

Before returning this form please answer and complete all questions in full

Name of course or activity: _____ Paid Yearly Membership date:_____

Full name: _____ Gender: _____ DOB: _____ Age: _____

Home address: _____ Postcode:_____

Ethnicity:_____ Home No:_____ Mobile No:_____

Email:_____

Add me to a mailing list to receive information on events and new activities and courses at WACA ☐

In an emergency please contact:_____ Relationship to participant:_____

Contact number 1:_____ Contact number 2:_____

Please delete as appropriate:

I do / I do not allow images of myself to be used in publications related to this event (Ask staff for more information on how images will be used)

Signed:_____ Print:_____ Date:_____

COVID-19 Information

I can confirm that my household/support bubble and I are well and not presenting with any coronavirus symptoms. I also confirm that we are not undertaking a period of self-isolation.

I understand that this form and any attendance will be kept as part of WACA's usual monitoring process and that your details could be passed on to NHS contact tracers if necessary.

PRINT_____ SIGNED: _____ DATE_____

Health Form (please delete as appropriate)

Have you, to your knowledge been in contact with any infectious disease/s in the last 3 weeks? **Yes / No** If yes give details: _____

Do you suffer from any health issues, allergies or disabilities we should be made aware of? **Yes / No** If yes give details: _____

Are you receiving any medical treatment at present? **Yes / No** If yes give details:

_____

Name of Own Doctor: _____ Address of Own Doctor: _____

_____ Own Doctor's Telephone No: _____

PERMISSION TO CONSENT TO MEDICAL TREATMENT

In the event of medical attention being required, I authorise the Activity/Project Leader to administer any relevant medical assistance or to call a doctor or ambulance to provide further assistance

SIGNED: _____ **DATE**: _____

Please note: We must have an original signature, therefore copied or emailed consent forms are not acceptable.

I can confirm that the details on the reverse of this form are up to date and true to the best of my knowledge.

Signature	Print Full Name	Date