



## REGISTRATION FORM FOR ADULT COURSE MEMBERS & VISITING STAFF

Name			
Address			
Course			
Dates			
	EMERGENCY CONTACT D	ETAILS	
Name			
Address			
Tel No.			
Home			
Tel No.			
Work			
Tel No.			
Mobile			
MEDICAL INFORMATION			
Do you suffer from any medical conditions or allergies that it would be helpful for Lea Green staff to be aware of?			
Any Special Dietary Requirements?			
Any Openial Dictary Requirements:			
I understand that participating in a course at Lea Green may involve me taking part in such adventurous activities as, but not limited to, stream walking, rock scrambling, orienteering, high ropes course, climbing wall and night walks.			
Signed		Date	