

**MAES Y LADE.
ADULT APPLICATION FORM.**

Course.....

Dates.....

Surname.....

(Please Use Block Capitals)

Forename.....

Male/Female*

Address:

.....**Postcode**.....

E-mail address:.....

Date Of Birth.....

Age Range (16-19) (20-25) (Over 25)*

Ethnicity *

Bangladeshi

White

Black Other

Other

Black African

Other Asian

Chinese

Indian

Black Caribbean

Pakistani

Telephone numbers where next of kin may be contacted in an emergency: -

Daytime.....Night-time.....

Are you a confident swimmer? YES NO

Dietary Information

.....

Have you suffered any serious illness/allergies/disability that may affect you during your stay.

Please give details.....

.....

CONSENT OF PARTICIPANT

I am willing to take part in the activity course and confirm that I am not suffering from, or have not suffered from any ailment or the effects of any ailment, which could make me unsuitable to participate in the course.

In the event of an emergency arising during the activities involved in this course, I give permission for the leader in charge to take any necessary action regarding medical attention if it is impossible for the next of kin to be contacted.

Please note that the Centre may use photos taken during the course for publicity purposes.

Name of doctor.....Tel No.....

Signed.....(Participant) Date.....

*Please underline/circle.