

Name of group: .....

Date of activity: .....

Contact number of organiser: .....



# GROUP DETAILS FORM

Please fill out the following form with the details of each member of the group including staff (please tick box where appropriate). Please ensure that if a participant has any medical conditions, dietary requirements or any other specific needs that the column on the right is clearly marked. Each participant must also complete a medical/consent form which must be submitted on arrival.

STAFF (PLEASE TICK)	NAME:	AGE:	EMERGENCY CONTACT NUMBER:	MEDICAL, DIETARY OR OTHER NEEDS	
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO
				YES	NO

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STAFF (PLEASE TICK)	NAME:	AGE:	EMERGENCY CONTACT NUMBER:	MEDICAL, DIETARY OR OTHER NEEDS	
				YES	NO