



Get A Grip Mountain Biking

4 Bensgrove Close, Woodcote, Reading, RG8 0SJ

www.getagripmountainbiking.co.uk



Medical Form

Please print a copy, fill it in and bring it with you when you attend your course/ride

Your Details

First Name	_____	Last Name	_____
Date of Birth	_____		
Address	_____		
		Postcode	_____
Telephone	_____	Mobile	_____
E-mail	_____		

Medical Information

Do you consider yourself to have any medical conditions that your instructor should know about: i.e. asthma, diabetes, epilepsy or heart disease?

Have you had any serious illness or injury requiring treatment in the last two months such as chest infection, influenza, bronchitis or urinary infection?

Are you currently taking any medication? Please give details:

Is there any other relevant medical information you think your guide should know about?

It is assumed that any medical conditions you may have do not prevent you from undertaking physical exercise.

Emergency Contact Details

Please give details of next of kin or person to be contacted in an emergency:

First Name _____ Last Name _____

Relationship to you _____

Address _____

Telephone Day _____ Mobile Telephone _____

Signed

Signed _____ Print Name _____ Date _____

(To be signed by Parent or Guardian if under 18)