

Six Dales Walk 2017

Personal Information & Permission Form

IMPORTANT This form is to be completed by the walker and attached to the Team Entry Form for Submission to the Organisers.

Individual entries are not accepted.

Name:
(usual forename and surname)

Address:
.....

Home Telephone (with code)

Date of Birth

Scout/Guide Unit

Medical Information

If you have any medical condition, disability, etc. relevant to this activity, please list details on the reverse of this form and tick (✓) here:

Walker's Declaration

I have read and agree to abide by the full Rules of the Six Dales Walk.

(signed)

Parent's/Guardian's Permission

(required for all competitors under 18 on 24/09/2017)

I agree to my son/daughter taking part in the Six Dales Walking Competition.

(signed)

(relationship)

Date

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Please give full details of any known medical condition, current treatment or drugs.
(Asthma, heart conditions, recent illnesses, etc.)

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