



Personal Information & Permission Form

IMPORTANT This form is to be completed about the walker and attached to the Team Entry Form for submission to the Organisers. Individual entries are not accepted.

Name: _____
(usual forename and surname)

Scout/ Guide Unit: _____

Address: _____

Home Telephone: _____
(with code)

Date of Birth: _____

Walker's Declaration

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

(signed) _____ Date _____

Parent's/Guardian's Permission

(required for all walkers under 18 on 29/09/2024)

I agree to my son/daughter taking part in the Six Dales Walk 2024.

(signed) _____ Relationship _____

Date _____

Medical Information

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