



Trip Application Form

The following information is required as a duty of care by the leader of the trip and will be kept confidential. Please fill out and return to the leader at least 7 days before the trip.

I wish to apply to join the trip to:

Leader: **Date:**

Full Name of Applicant:

Address:

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Date of Birth: **Phone:** **Cellphone:**

Next of Kin in the event of an emergency or the party is late returning

Name: **Phone:**

Address :

.....

Relationship to the Above:

Have you ever suffered from any of the following:

- Asthma Yes No
- Heart or respiratory Disease Yes No
- Arthritis or other joint problems Yes No
- Epilepsy or Migraine Yes No
- Diabetes Yes No
- Special Dietary Requirements Yes No
- Any other medical conditions likely to affect the party Yes No

Details of condition as appropriate:

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I undertake this trip knowing that I am responsible for my own actions and for my own personal safety. A certify that the above information is correct.

Signed

Date