

EMERGENCY CONTACT DETAILS (in the event of an accident)

ALL MEMBERS TO COMPLETE

Name:.....**Membership No:**

Address:

.....

Phone No:..... **Date of Birth:**...../...../.....

CONTACT PERSON- FIRST PREFERENCE:

Name:.....**Relationship:**.....

Phone No:.....**Other:**.....

Address:.....

MEDICAL PRACTITIONER:

Name:.....

Phone No:.....**Other:**.....

Do you suffer from DIABETES? Y / N if yes name of medication:.....

Have you a HEART condition? Y / N if yes list medication:.....

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Are you ALLERGIC to medication? Y / N if yes list allergies:

.....
List all other Medications:.....

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Any other relevant information: (medical history)

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Please COMPLETE all sections (your health may be at risk in case of an accident)