



Forest Evasion 2017 Team Sign Up Form

Organisation:

*Each organisation can have multiple teams, please fill out a form for each team. If you have people that would like to be **catchers** please, depending on the number of catchers, fill out a separate form for them and leave the 'Team Name' blank or mark them as a Catcher on a form.*

Team Name:

Members

Forename	Surname	Date Of Birth	Evader/Catcher

All participants will need to fill out an Emergency Contact Form (attached) to be brought with them to the event and handed in at registration.

Please send completed forms to info@forestevasion.co.uk

Any other questions feel free to contact the organisers at the above e-mail.



Forest Evasion 2017 Emergency Contact Form				
Personal Details	Full Name			
	Address		Doctor's Name	
	Town		Surgery & Phone No.	
	Post Code		D.O.B.	
	Participant Contact Number		Email	
	Emergency contact 1 and relationship		Emergency contact 2 and relationship	
	Contact No.		Contact No.	
Medical Details	Do you suffer from any relevant medical conditions, including any conditions that affect breathing or the heart? NO YES (Detail Overleaf)		Do you suffer from any allergies? NO YES (Detail Overleaf) Are you receiving medical treatment or taking medicines at the present time? NO YES (Detail Overleaf)	
By signing this I hereby declare that: <ul style="list-style-type: none"> I give the organisers permission to seek medical help in the event of an emergency. I agree for photos taken of me to be used in future publicity (Delete if you do not agree). I understand that the event I am partaking in is an endurance event and believe I am of suitable health. I understand that the event I am partaking in is a navigation event and believe I am competent at navigation. 				
Signature			Date	