**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 |
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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](mailto: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:   * 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 |  |