

## ATHLETIC UNION PERSONAL DETAILS FORM

Please **print** and complete in full

Full Name: ..... Union Card No. ....

Student/Staff/Associate member (please delete) AU Membership fee: .....

E-Mail Address .....

Local Address/Telephone No. ....

.....

Vacation Address/Telephone No. ....

.....

Next of Kin details – Name: .....

Address/Telephone No. ....

.....

First aid and National Governing Body awards/qualifications, (a copy of which needs to be registered with the Recreations office) .....

Any relevant Medical conditions (it is the responsibility of the individual to inform the Club Captain, Trip organizer or Activity leader of any relevant medical conditions or previous injuries the Union should be aware of which might effect your safe participation in the activity)

.....

Swim Test? YES/NO Minibus Test? YES/NO Trailer Assessment? YES/NO

By being a member of a Club/Society you may participate in activities which involve above average elements of risk, in an environment where professional medical and rescue services may not always be immediately available. It is your responsibility to ensure that you fully understand the exact nature of each activity you undertake, the risks involved, the skill levels required and the equipment needed for your safe participation. You should never participate in any activity where you are unsure of any of the above aspects. If in doubt, ask any of your Club/Society committee members or the Union Sports and Recreations Manager for further information.

**I have read, understood and agree to act in accordance with the above statement.**

**I agree to act in accordance with the relevant BUCPEA/Governing Bodies guidelines.**

Course: ..... Year: ..... D.O.B ..... M/F .....

Signed: .....

Date: .....

OFFICE USE: AU Membership No: ..... Club/Society .....