

Carsington sports & leisure

Health Declaration Form

(Please complete the form using block capitals)

Activity Booked: _____
Date of Activity: _____

Name: _____ Mr, Mrs, Miss, Ms (Delete as necessary)
Address: _____

Postcode: _____
Date of Birth: _____
Telephone No. (Day): _____ (Eve): _____
Email Address: _____ Mobile: _____

Emergency Contact

Name: _____ Mr, Mrs, Miss, Ms (Delete as necessary)
Relationship: _____
Address: _____

Postcode: _____
Telephone No. (Day): _____ (Eve): _____

Declaration of fitness to take part in the specified activity

Details of any medical treatment being received (including medication) _____

If none, please write none _____

I declare that to the best of my knowledge I am not suffering from any condition which may affect my participation in the activity

Signed: _____ Date: _____
(signature of parent or guardian if under 18 years)

Please tick this box if you do not wish to be added to our mailing list

Your details will not be shared with any other company, you will only receive information about CSL Ltd products



Carsington Sports and Leisure, Carsington Water, Ashbourne, Derbyshire, DE6 1ST