



**Membership/Activity and Medical Details Form**

This form must be completed by the parent or guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.

**Session Group/School:**

**Participants Details**

**Surname:**

**First Name:**

**Date of Birth:**

**Male/Female**

**Address:**

**Ethnic Origin:**

Black Caribbean

Pakistani

White UK

Black African

Bangladeshi

Other European

Black Other

Asian Other

White Non-European

Chinese

Mixed Race

Other

Indian

Irish

Please state other

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**Two Emergency Contacts: Please provide 2 Separate Contacts**

**Name:**

**Relationship to participant:**

**Address:**

**Tel No.**

**Email:**

**Name:**

**Relationship to participant:**

**Address:**

**Tel No.**

**Email:**



<p><b>Doctor's Name:</b></p> <p><b>Surgery Address:</b></p>
<p><b>Please give details of any medical conditions/disabilities e.g. diabetes, epilepsy, allergies etc</b></p>
<p><b>Current Medical Treatment including medication:</b></p>
<p><b>Tetanus injection details:</b></p> <p><b>Date:</b></p>
<p><b>Details of any special dietary requirements:</b></p>
<p><b>Photo Consent:</b></p> <p>I understand that Fusion may wish to take photographs during the session, for the purpose of publicity/recording and this may include posting onto the website/social media/ displays or newsletters.</p> <p><input type="checkbox"/> Please tick</p> <p><b>Parents/Participants must ensure that any change of details are notified to Fusion.</b></p> <p><b>Signed (Parent/Guardian/Participant over 18):</b></p> <p><b>Date:</b></p>