## **Booking Form**

Only for: Sports & Leisure, Countryside Adventure and Disability Sport.

## **Participant details**

Name:											
Sex:	Male Female	Date of birt	h: D D	ММ	YY	Υ	Υ				
Address:											
	Postcode:										
la A CTIVIT NI a Vif a carli an la											
bACTIVE No. (if applicable):											
Email:											
Telephone No.:											
<b>Emergency contacts</b>											
Name:		Name:									
Tel No.:		Tel No. :									
Medical information											
If applicable, please state disability i.e. physical, sensory, learning, wheelchair user:											
State medical conditions of whic	h we should be aware and c	ould be affected by th	ne activity e.g. a	asthma, epilep	osy, allergies	5:					
Please give details of any medic	ation you are currently taki	ng: (Please bring and	d carry those re	quired to the	activity)						
Other information											
Please tick if you require one-to-one support  Please state your requirements in the box below.  Please state any other information you feel we should be aware of:											

Activities						
1st Activity:						
Date:		Time:		Venue:		
2nd Activity:						
Date:		Time:		Venue:		
3rd Activity:						
Date:		Time:		Venue:		
If further activiti	es are required plea	se continue on	a separate shee	t.		
					portunities in Scotland amme, please tick this I	that we think might be
For Disability Sp	lease return compl	Laura.AP.Smit	h@angusalive.so	ot or post to L	aura Smith at ANGU	Salive
	by telephone - by cas eques should be ma			e card payments	at Crombie, Forfar Loch a	and Angus Glens.
	oe refunded and will lly be given if an acti					
Cancellation wil		eme conditions	s (for example w	veather) which r	may endanger public sa	afety.
Further info	rmation					
For further infor	mation please visit o	our booking ter	ms and condition	ons at: http://arc	chive.angus.gov.uk/leisi	ureaa/bookingterms.htm
Consent/ack	nowledgement	(*Delete as ap	propriate)			
					vill ensure that I/they* a ly fit to participate in th	
I enclose a cheq	ue for <b>£</b>		Chec	ques made paya	able to 'Angus Alive' m	inimum of £10.00.
Print Name:			Signed:			Date:

Data Protection

The information which you have given in this form will be used only by ANGUSalive for the following purposes: to administer the membership card scheme; to inform you of special offers and promotions concerning ANGUSalive's services; to allow ANGUSalive to carry out surveys relating to the people using its facilities.

All of the information that you give will be held securely by ANGUSalive and will be treated as confidential. Under the Data Protection Act 1998, you are entitled to access the information held by ANGUSalive about you. Applications for such access should be made to the Senior Manager, Business Management & Development, ANGUSalive, Head Office, William Wallace House, Orchardbank Business Park, Forfar, Angus, DD8 1WH