

CLIENT DETAILS

To be completed by all clients taking part in a trek with Treks to the Wrecks

ABOUT YOU:	
Gender:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
Surname:	
First Names:	
Address:	
Post Code:	
Home Tel No.:	Mobile No.:
Date of Birth:	
<p>Disabilities / Health Conditions</p> <p>You must disclose all disabilities, health conditions and allergies.</p> <p>Please also tell us about any medication you may need to take in emergencies and where this can be found if it is needed by the Mountain Leader during a trek:</p> 	
Your Emergency Contact Details	
Name of your Emergency Contact 1:	
Relationship to you:	
Emergency Contact Number(s).:	
Name of your Emergency Contact 2:	
Relationship to you:	
Emergency Contact Number(s).:	

I certify that the above is a true representation of my health and disability information and that I have the required fitness level and walking experience for the trek I have chosen:

Signature :

Name:

Date: