



Registration Form

Name:

Date of Birth:

Nationality:

Contact No.:

Email Address:

Emergency Contact:

(Name, No.)

Civilian applicant or MOD:

If MOD, please provide rank and unit. If civilian, indicate any affiliated charity or programme (if applicable)

Medical

Has your doctor ever said you have a heart condition and that you should do physical activity recommended by a doctor?

(if answered yes, please detail below)

Yes

No

Do you feel pain in your chest when you do physical activity? (if answered yes, please detail below)

Yes

No

In the past month, have you had a chest pain when you were not doing physical activity? (if answered yes, please detail below)

Yes

No

Do you lose balance because of dizziness, or do you ever lose consciousness? (if answered yes, please detail below)

Yes

No

Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity? (if answered yes, please detail below)

Yes

No

Is your doctor currently prescribing medication for your blood pressure or heart condition? (if answered yes, please detail below)

Yes

No

☐

Do you know of any other reason why you should not do physical activity? (if answered yes, please detail below)

Yes

☐

No

☐

Do you carry any emergency medication (EpiPen)?

Requirements

I own appropriate footwear and clothing for trekking
(It is your responsibility to ensure adequate footwear is worn during the duration of the OCMW, participants who do not wear adequate footwear will not be allowed to participate.)

Do you have any allergies or dietary requirements?

I understand that I will require legal ID though the duration of this event
(Driving License, Passport ect.)

Final Confirmations

I confirm that I am medically fit to participate in this physically demanding trekking activity.

Please confirm you read, understood and accurately completed this questionnaire. You confirm that you are voluntarily engaging in an acceptable level of exercise, and your participation involves a risk of injury.

I confirm all information provided is accurate

Participant Signature

Date

Please return the form back to Henry at advanceformation001@gmail.com