



Fitness Declaration & Emergency Contact Form

Name: _____ Mobile Number: _____

Email Address: _____

During certain courses, the practical sessions maybe physically demanding at times. Therefore, you are required to answer the below questions. If you have any concerns, you can discuss these in confidence with the Instructor.

<i>I confirm that:</i>	Agree	Disagree
I am free from illness and infection		
I am fit and have no issues with bending and lifting (breathing apparatus set weighs approx. 18kg)		
I do not suffer from vertigo		
I do not suffer from claustrophobia		
I do not suffer from Epilepsy		
I have never suffered from blackouts, fainting or dizziness		
I do not wear contact lenses		
I am a confident and able swimmer (lifejackets will be used)		
I am not taking any medication (prescribed or otherwise)		
I must report any illness/injuries that arise during the course to the instructors		

If you have answered “Disagree” to any of the above, please give reasons below.

In the unlikely event of an incident happening, I authorise a staff member to contact my next of kin:

Name: _____ Relationship to you: _____

Contact Number: _____

DATA PROTECTION POLICY

The processing of personal data is necessary contractually for the course booking and for the legitimate interest in the individual’s safety. Any information which falls under the definition of personal data and is not otherwise exempt, will remain confidential and will only be disclosed to third parties with appropriate consent.

Signed: _____ Date: _____