

Fitness Declaration & Emergency Contact Form



Name:	Mobile Number:
Email Address:	Date of Birth:

During certain courses, the practical sessions maybe physically demanding. Therefore, you are required to answer the below questions and give further details/medication.

If you have any concerns, you can discuss these in confidence with the instructor.

<i>Do you have any of the following medical conditions?</i>	YES	NO	Medication / Comments
Asthma or other respiratory disorders			
Epilepsy, Fits, Blackouts			
Blood pressure disorder			
Pacemaker or implanted defibrillator			
Angina or other heart complaints			
Diabetes			
Arthritis, osteoarthritis, or other muscular/skeletal disorders affecting mobility			
Known allergies (e.g. Bee, wasps)			
Claustrophobia/ Acrophobia (fear of enclosed area/ height)			
Vertigo or inner ear problems or difficulty with balance			
I have had Recent Surgery (within the last 5 years)			
Any other medical condition or medication dependent that could affect climbing or physical impact on climbing			
I wear contact lenses/hearing aids			

<i>I can also confirm the below:</i>	YES	NO	Comments
I can bend /lift (breathing apparatus set weighs approx. 18kg)			
I am confident and able swimmer (lifejackets will be used)			
I am free from illness and infection			

I hereby confirm that there is no factor that will inhibit or affect my participation in training and that I have disclosed **all** medical conditions.

I agree to follow all instructions from the appointed instructor for the duration of the training and that I agree to report any illnesses/injuries that arise during the course to the instructors.

Should there be any doubt regarding my medical fitness or my ability to continue with the practical elements of the course, I understand that the MSA holds the right to cease my training until I am fit and well.

In the unlikely event of an incident happening, I authorise a member of staff 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:
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FOR THE PURPOSE OF ADVERTISING AND SOCIAL MEDIA PROMOTIONS, OUR MARKETING TEAM MAY TAKE PHOTOGRAPHS/VIDEOS OF COURSE ATTENDEES. IF YOU **DO NOT** WISH TO BE PHOTOGRAPHED/VIDEOED, PLEASE LET US KNOW BY TICKING THIS BOX ☐