

# Manchester Triathlon Club

## Participant Information Form

Please complete this information sheet if you have a medical conditions or specific requirement that the club and its coaches need to be aware of. This sheet is used only for this day and will not be available to coaches at future session so you will need to complete a new sheet detailing this information.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Session: \_\_\_\_\_ Session Date: \_\_\_\_\_

### ***Medical Information***

Do you have any medical conditions that may affect your participation in this MTC activity? Yes:  No:

If yes please specify:

Are you currently using any medication that may affect your participation in this Manchester Triathlon Club activity? Yes:  No:

If yes please specify:

Do you require access to any medication during this Manchester Triathlon Club activity? Yes:  No:

If yes please specify:

Has this medication been made available to you by placing it in the Medicines Box at this session? Yes:  No:

### ***Additional Information***

Please give details of any specific needs that the coach should be aware of, and what support/modifications are needed:

### ***Emergency Contact Details***

If you are a guest in this MTC activity please provide emergency contact details below:

Name: \_\_\_\_\_

Phone (home): \_\_\_\_\_

Phone (work): \_\_\_\_\_

Phone (mobile): \_\_\_\_\_

What relationship is this person to you?

Disclaimer: Please sign to confirm that the information provided is correct.

Signed: \_\_\_\_\_