



OLYMPIC DAY

HEALTH QUESTIONNAIRE AND INFORMED CONSENT

All information contained herein will be treated as confidential

Name:

Date of Birth:

Gender:

Name of Parent/ Guardian (if under 18):

Emergency contact name and number:

Are there any other details regarding your health that you think we should be aware of?
Please write the details in the box below:

Required information

Do you give permission to be treated by a qualified first aider in an emergency?

YES / NO (please circle)

There will be an official photographer at the event, if you do **NOT** wish your image to be used for reporting of the event, please tick the box

Please send completed entry forms to;
Stacey Tadd, Department of Sports Development and Recreation, University of Bath,
Bath, BA2 7AY or via email to tribe@bath.ac.uk