

Outer Limits Explore Ltd

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Outdoor Course Booking Form – 2007

Name of Course:	Course Dates:
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1. Personal details - please complete clearly	2. Next of Kin (To be contacted in case of emergency)
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
Postcode: _____	Postcode: _____
Contact: Home: ☎ _____ Work: ☎ _____	Contact: Home: ☎ _____ Work: ☎ _____
Mob: ☎ _____ E-mail: _____	Mob: ☎ _____ E-mail: _____

3. Details of Experience – give below details of relevant experience for your chosen course

4. Medical Questionnaire – Confidential (Company Doctor and Administrators eyes only)

Height: _____ **Weight:** _____ (approx. kg)

1. **Have you in the last 5 years suffered from:**

Asthma	YES/NO
Shortness of breath	YES/NO
Convulsions	YES/NO
Diabetes Mellitus	YES/NO
Epilepsy, fits or blackouts	YES/NO
Nervous or mental problems	YES/NO
Back problems	YES/NO
High Blood Pressure	YES/NO
Heart Problems	YES/NO

2. **Do you need to take any drugs or medicines regularly?:** YES/NO
If so please give details (drug name & dose) _____

3. **Are you allergic to any of the following?**

Aspirin	YES/NO
Penicillin	YES/NO
Zinc Oxide Plaster/ elastoplast etc	YES/NO
Any Immunizations / other drugs	YES/NO
Food (especially peanuts)	YES/NO
Anything else _____	

4. **Have you ever been admitted to hospital or suffered any major accident or illness?**
If so please give details _____

5. **Do you suffer with any condition that affects your mobility or ability to lift or carry weights?** YES/NO

6. **Please add here any other information concerning your health and your participation on the course which has not been covered by the above questions** _____

7. **Do you have any special dietary requirements you would like us to be aware of?**

5. Declaration

I have read and understood Outer Limits Explore Ltd's Terms & Conditions, and I agree to be bound by them and confirm that I am willing to abide by the decisions of yourselves. To the best of my knowledge and belief all information provided on this form is correct and I know of no reason why I should not participate in the above course.

Signed By:	Date:
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