

Croydon Walking Club Guest Form

Completed form to be returned to the walk leader on the day

SURNAME: PHONE: (Home)
FIRST NAME: PHONE: (Mobile)
POSTAL ADDRESS: E-MAIL Address:
..... PC

The following information needs to be provided at membership registration and updated as your situation may change.
All private and health information is protected by our Privacy Policy unless written consent is provided.

If you have any medical condition which may interfere with or have an impact on your walking with the group, it is your responsibility to obtain medical clearance from your doctor to undertake this activity.

It is your responsibility to advise of any medication you may require. Please keep a "Vial of Life" folder with your details in your pack. This folder includes details such as Medicare Number, Ambulance cover, and Emergency Contact details.

Emergency Contact Person/s

(1):..... Telephone:..... Mobile:.....

(2):..... Telephone:..... Mobile:.....

Registration Conditions

- In the case of illness or injury, Croydon Walking Club committee members and/or the walk leader will obtain medical treatment or other attention as they deem appropriate. I understand that any such treatment will be at my own cost. I
- agree to have my telephone number/email address and address details placed on the Croydon Walking Club members contact list and mailing list. I consent to this contact list being shared with other members of the club.
- I consent to any photographs taken of me being used to promote the Croydon Walking Club.
- I have read and understand the purpose / guidelines that appear on the reverse side of this membership form.

I have read and accept the Croydon Walking Club Registration Conditions and Requirements.

Signature: Date:/...../.....

Walk costs: Personal accident and Liability insurance of \$10.00 plus any other designated fees