

WADSAD registration Form

Personal details: Your personal details will be held confidentially by WADSAD and only used in case of an emergency.

Name:.....
Address:.....
.....Postcode:.....
Contact number:.....Date of birth:.....
Email:.....

Medical details: WADSAD only asks to know your medical details so they can keep you safe.

Are you on medication YES/NO

What is the medications you take?

.....
.....
.....

Please note: WADSAD can not help you with medication and are not responsible for your medication.

Do you have epilepsy? YES/NO

Do you have diabetes? YES/NO

Do you have any allergies? YES/NO

Do you have any other medical conditions?

What disabilities do you have e.g. mobility, learning?.....

Doctors contact information:.....

Do you need a support worker or carer to come with you? YES/NO (If yes please list their contact details)

Is there any other information you think we should be aware of?.....

Emergency contact details: These should be your legal guardian e.g. parents or residential care home manager.

First contact:

Name:.....Contact number:.....

Address:.....

.....Postcode:

Email:.....

Second contact:

Name:.....Contact number:.....

Address:.....

.....Postcode:

Email:.....

Photography consent details:

Do you consent to having pictures/videos taken of you for WADSAD use? YES/NO

Do you consent to having pictures/videos of you taken by people outside of WADSAD? YES/NO

Change of details:

you must tell us if any of the information you have provided changes

WADSAD agreement:

I am aware of and agree that all information that has been provided is correct.

I am aware of and agree to abide by all club rules and policies.

Signature:.....Date:.....
(If filled out by parent/legal guardian please sign and print name)

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WADSAD Contact information:

Address: c/o River park leisure centre, Gordon Road, Winchester, Hampshire SO23 7DD

Contact Number: 07547 918 777

Email: wadsadclub@gmail.com