

Crew Application Form

Full Name:		
Date of birth:		
Full Address:		
Postcode:		
Home Telephone Number:		
Mobile Number:		
Please give details of:		
Current medical condition, any medication and dosage:		
Other information which may affect your participation: (incl. allergy or dietary requirements)		
Emergency contact numbers (two if possible)	Name: Home No: Mobile No:	Name: Home No: Mobile No:

To be completed by parent/ guardian if under 18 on 1st July 2018. If over 18 please sign yourself

I agree to my son/daughter (full name) _____

Receiving emergency medical treatment including aesthetic as considered necessary by medical authorities present.

Signed parent/guardian _____ Date _____

I consent to my son/daughter (full name) _____

training and competing in the Atlantic Challenge International Contest 2018 as a member of the Northern Ireland team.

I agree to my son/daughter being photographed/videoed as part of the contest.

I confirm he/she is medically fit to participate in all activities

Signed _____ Parent /guardian

Date _____