

**ADVENTURE RACING ENROLMENT FORM (CONFIDENTIAL)**

**Race Name** : \_\_\_\_\_

**Race Date** : \_\_\_\_\_

Please complete, sign and fax Enrolment form to **086 647 4734**

**TEAM NAME:** \_\_\_\_\_

**ATHLETE DETAIL**

ID No: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 NAME: \_\_\_\_\_ CONTACT No: \_\_\_\_\_  
 SURNAME: \_\_\_\_\_ POSTAL ADDRESS: \_\_\_\_\_  
 GENDER: \_\_\_\_\_ BLOOD TYPE: \_\_\_\_\_  
 TEAM CELL PHONE NUMBER ON RACE DAY: \_\_\_\_\_

<b>T-SHIRT SIZE</b>	SMALL	MEDIUM	LARGE	X-LARGE
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**EMERGENCY CONTACT DETAIL:** (Person to be contacted in case of injury/illness)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 CELL No: \_\_\_\_\_ TELEPHONE No: \_\_\_\_\_  
 FAMILY DOCTOR: \_\_\_\_\_ TELEPHONE No: \_\_\_\_\_

**BANKING DETAILS – K Swart** (Fax proof of payment to **086 647 4734**)

**Bank:** ABSA – Savings Account **Account number:** 909 986 6707  
**Reference:** AR( *Team Name*) **Branch code:** 632005 (Nelspruit)

I confirm that all information supplied in this form is correct to my knowledge and that I am physically fit and sufficiently skilled to participate in all activities associated with this adventure race. I am aware of the risks and dangers involved in participating in an adventure race.

\_\_\_\_\_  
ATHLETE SIGNATURE

\_\_\_\_\_  
SIGNATURE OF PARENT/GAURDIAN  
(If athlete under the age of 21)

**ADVENTURE RACING MEDICAL INFORMATION (CONFIDENTIAL)**

**NAME of Participant: (Please PRINT)** \_\_\_\_\_

**Race Name** : \_\_\_\_\_

**Race Date** : \_\_\_\_\_

Please read, sign and hand in your Medical form to **Passionate Adventures** at the race briefing.

*THE INFORMATION PROVIDED IN THIS FORM WILL BE TREATED AS CONFIDENTIAL AND IS ONLY REQUIRED IN ORDER TO ENABLE **PASSIONATE ADVENTURES** TO PROVIDE APPROPRIATE MEDICAL ASSISTANCE SHOULD IT BE REQUIRED. PLEASE ANSWER ALL THE QUESTIONS AS COMPLETELY AS POSSIBLE.*

PLEASE MARK CLEARLY IF YOU SUFFER FROM OR HAVE SUFFERED FROM:

1. Heart disease of any kind or raised or lowered blood pressure?  
\_\_\_\_\_
2. Asthma, bronchitis, tuberculoses or other lung conditions?  
\_\_\_\_\_
3. Diabetes, Epilepsy, Anxiety disorder, depression or any other psychiatric condition?  
\_\_\_\_\_
4. Allergies (hay fever, allergies to medication, allergies to plants or insect bites) (please specify any allergies clearly)  
\_\_\_\_\_
5. History of bone fractures, muscle tears or tendon/ ligament damage?  
\_\_\_\_\_
6. Hearing or visual impairments?  
\_\_\_\_\_
7. Are you suffering from any infectious diseases?  
\_\_\_\_\_
8. Are you pregnant or breastfeeding?  
\_\_\_\_\_

**NAME of Participant: (Please PRINT)** \_\_\_\_\_

9. Are you taking any medication? If so, please state the condition being treated, name the medicine, and state the dosage?

\_\_\_\_\_

10. Do you need assistance taking the abovementioned medication? If so what does the assistance entail?

\_\_\_\_\_

11. Do you have or suffer from any diagnosed condition not covered in the abovementioned questions?

\_\_\_\_\_

12. Is there any particular activity or activities that you cannot take part in for medical or other reasons? Please specify in detail.

\_\_\_\_\_

\_\_\_\_\_

**OTHER MEDICAL INFORMATION**

MEDICAL AID NAME: \_\_\_\_\_

MEDICAL AID NUMBER: \_\_\_\_\_

PRINCIPAL MEMBER: \_\_\_\_\_

**I DECLARE THAT ALL ENROLLMENT AND MEDICAL INFORMATION ON THIS FORM IS CORRECT AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION. I ALSO DECLARE THAT I WILL INFORM PASSIONATE ADVENTURES IF THERE IS ANY ACTIVITY THAT I AM UNABLE TO TAKE PART IN FOR WHATEVER REASON.**

**NAME of Participant: (Please PRINT)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**If you are signing for a participant who is under the age of 21, you endorse the following statement:**

*"I consent to the participant taking part in the activity or activities stated on this form. Should I not be able to be contacted by Passionate Adventures in the event of an emergency I give permission to Passionate Adventures to acquire appropriate medical care to ensure the well-being of the participant."*

**NAME of PARENT/GAURDIAN: (Please PRINT)** \_\_\_\_\_

**SIGNATURE OF PARENT/GAURDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(If participant under the age of 21)