

EMERGENCY CONTACT DETAILS (in the event of an accident)



ALL MEMBERS TO COMPLETE all sections (your health may be at risk in case of an accident)

Member Details

Name:.....Membership No:

Address:

.....

Phone No:..... Date of Birth:...../...../.....

Contact Person:

Name:.....Relationship:.....

Phone No:.....Other:.....

Address:.....

Medical Practitioner:

Name:.....

Phone No:.....Other:.....

Do you suffer from	YES	NO	If Yes, list medication
Diabetes			
A Heart Condition			
Are you allergic to medication			

List other Medications _____

Any other relevant information: (medical history, allergies)
