

**Information Form for Approved Club Activities**

I hereby apply to participate in the Approved Club Activities and in so doing agree that while participating in the Approved Club Activities:

- a) I understand that I am the person who is fully responsible for the state of my health and I undertake to do all that is necessary so as not to place other participants under stress or duress or to put them in danger because of the state of my health or my behaviour.
- b) I hereby declare that I will only participate in activities where I am physically capable.
- c) I hereby declare that I will notify the Probus Club of Engadine Inc. of any changes to this Form.

**Medical Information**

Doctor's name ..... Phone No.....

Condition/s being treated .....

If insufficient space please attach a list

Prescribed medication.....

If insufficient space please attach a list

Other medical information which may be helpful in an emergency.....

If insufficient space please attach a list

In the case of any accident, illness or emergency please contact:

Name..... Relationship.....

Best contact number .....

**Privacy Statement**

Information provided shall be kept private and confidential within the confines of the Probus Club and shall only be used in the event of an emergency.

Signed ..... Dated .....

Member's/Visitor's Name.....