

SYNERGY

KITESPORTS

TEL: 01346 531 166 MOBILE: 07981 793 066 E-MAIL: info@synergykitesports.com

www.synergykitesports.com

BOOKING FORM

PERSONAL DETAILS

Name: _____
Address: _____

D.O.B. _____
Home Tel: _____
Mobile: _____
E-mail: _____

EMERGENCY CONTACT DETAILS

Name: _____
Address: _____

Home Tel: _____
Mobile: _____
Relationship: _____

MEDICAL INFORMATION

Please inform us of any medical and health conditions or injuries relevant to your participation in kite sports activities.

To include but not restricted to: respiratory, circulatory and heart conditions, muscular and skeletal injuries and conditions, head neck and back injuries, allergies or any other medical condition.

Details: _____

Doctor's name: _____
Doctor's address: _____

Doctor's Tel: _____

Kitesports can be strenuous and physically demanding. We therefore recommend you consult your doctor prior to booking if you have any injury or condition which may be affected by your participation in such activities.

COURSE INFORMATION

Please specify your choice of training course(s) _____ Preferred date(s) _____
Waist Size, Height and Weight (for harness etc.) _____
How did you find out about us? _____

I HERBY DECLARE THAT I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS RELATING TO PARTICIPATION IN KITESPORTS ACTIVITES WITH SYNERGY KITESPORTS.

Signature of participant _____ Date _____

Signature of parent/guardian if 18 or under _____ Date _____

Please return your completed, signed form with payment to:
Synergy Kite Sports, 1 Logie Lodge, Crimond, Fraserburgh, AB43 8SQ

For Office Use Only

	Balance Recieved	Course Confirmed	Level	IKO Card Given	Feedback Request	Feedback Recieved
Date						
Signed						