



# Chris Constantine Coaching

**OFFICE**  
33 Elmhurst Crescent  
St Thomas,  
Swansea, SA1 8EA

Phone  
07515 278 212

**EMAIL**  
[CHRIS.CONSTANTINE83@GMAIL.COM](mailto:CHRIS.CONSTANTINE83@GMAIL.COM)

**WEB**  
[WWW.CHRIS-CONSTANTINE.COM](http://WWW.CHRIS-CONSTANTINE.COM)

## BOOKING FORM

COURSE .....

DATE .....

NAME .....

PHONE .....

EMAIL .....

ADDRESS.....

.....

.....

## EMERGENCY CONTACT

NAME .....

RELATION .....

PHONE .....

ADDRESS.....

.....

.....

## MEDICAL INFORMATION

DO YOU HAVE A MEDICAL CONDITION? Yes/ No if yes  
please give details .....

.....

DO YOU HAVE A DISABILITY? Yes/ No if yes please give  
details .....

.....

.....

Please give any further information that may help us deliver  
the best course to suit your needs.....

.....

.....

.....

**NB:** if within 7 days of your course you experience any illness that  
may be related to the course please seek medical advice from a Dr

## HEALTH & SAFETY DECLARATION

Please read and sign that you agree to the following  
I understand that kayaking and canoeing are assumed risk sports and will expose me to many hazards and involve risk of property damage and loss and even personal injury, illness or death. Whilst Chris Constantine Coaching & Guiding will take all reasonable steps to ensure my safety, I understand that they cannot be held liable for my own actions, for which I take full responsibility or for those of a third party

Sign & Date.....  
.....

I do not have any medical conditions or illnesses other than those disclosed on this form. Despite these conditions I am sufficiently fit able and competent to participate in the course

Sign & Date.....  
.....

We do use cameras on our courses for coaching and publicity purposes, including reproduction on our website. If you would like us not to use a photograph or footage that includes yourself please tick the box

I AM OVER THE AGE OF 18 AND CONFIRM THAT ALL THE INFORMATION SUPPLIED HEREIN IS CORRECT

NAME.....

SIGN & DATE .....

.....