

Congratulations on registering for the
**Walk of Champions
Firewalk 2018**
on Saturday 13th January

Please return this completed form with your £10 registration fee to
RAMH, 41 Blackstoun Road, Paisley PA3 1LU

Your Details

Title: _____

First name: _____

Surname: _____

Address: _____

Postcode: _____

Email: _____

Facebook / Twitter: _____

Telephone number: _____

Mobile number: _____

Your Next of Kin details (this should be someone that can be contacted an emergency)

Next of kin full name: _____

Relationship to you: _____

Telephone (home): _____

Mobile: _____

Telephone (work): _____

Address and postcode: _____

Payment options

The Registration Fee (The registration fee is non-refundable and is separate from any sponsorship)

I enclose a cheque for the registration fee of £10 (or £5) payable to **RAMH**

I wish to pay the registration fee of £10 (or £5) by BACS
RAMH Sort Code: 80-09-29 Account Number: 06000098

The Minimum Sponsorship (please tick)

- I understand that my participation in this event is subject to me raising at least £45 sponsorship for RAMH. The total must be raised by the time of the event on 13th January 2018
- I understand that a £45 cancellation fee will be charged if I cancel after 29th December 2017

Physical Activity Readiness Questionnaire - (PARQ)

Do you suffer from any of the following?

	Yes	No
A heart condition		
Diabetes		
Asthma or bronchial problems		
High blood pressure		
Low blood pressure		
Arthritis		
Epilepsy		
Severe headaches or dizzy spells		
Joint or muscle injury/problems or skin issues on your feet?		
Are you pregnant?		
Do you know of any reason you should not participate in the Firewalk?		
Do you agree to disclose any changes in your health/fitness status?		

Any other comments: (e.g. known allergies)

Declaration

I confirm that all of the information provided by me on this booking and medical form is to the best of my knowledge true and correct. My medical declaration is a true and accurate description of my medical history and current condition. I understand that by giving false information I endanger both my own safety and that of others. I agree to take with me sufficient supplies of medication needed for my current medical condition and for any condition which I have had previously which may reasonably be expected to reoccur. Whilst I understand every precaution will be taken while participating in this event, I acknowledge the risks involved and accept full responsibility for my actions and consider myself fit enough to participate.

Signed

Print Name

Date

THANK YOU!

You are helping people to recover from mental ill health, and to build independent, fulfilled lives.