

## Medical Details

Please bring this form completed:

Name:

Is there ANY medical reason, which should prevent you from taking part in activities? (note: if you are unable to take part due to pre-existing medical reasons NI Bootcamp cannot be held responsible in any way)

Please detail any existing health problems which you would like our instructors to be aware of, i.e. Muscular strains, weak back etc.

Please list any medication you are taking that could affect your stay (note: you MUST bring any medication which you require, i.e. Inhalers no matter how infrequently you need them)

Who can we contact in an emergency?

Name:

Relationship to yourself:

Phone:

How would you rate your current fitness level on a scale of 1-10?

1= Never exercise, 10= Competitive athlete

How would you describe your current diet?

Are there any foods you can't eat due to allergies?

Do you have a nut allergy? Yes/No

Do you smoke? Yes/No

Any other relevant information?