|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Your details** | | | | | | **Your emergency contact person's details** | | |
|  | **Name** | **Paddler grade/ability** | **Travelling with** | **Mobile phone** | **Medical information** | **Name** | **Relationship (Spouse? /Partner?/ Sister?/ Friend?)** | **Contact number** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| **Your details** | | | | | | **Your emergency contact person's details** | | |
|  | **Name** | **Paddler grade/ability** | **Travelling with** | **Cellphone** | **Medical information** | **Name** | **Relationship (Spouse? /Partner?/ Sister?/ Friend?)** | **Contact number** |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |