

Boots N'All

Walker Registration Sheet 2023

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| SU Australi |

| Date of Walk: | Destination of Walk: | _ Walk Le | ader: Firs | First Aid Officer: | |
|---------------|--|------------|-------------------------------------|--|--|
| Name | Address (We would also appreciate your own phone and email details if you are happy to include them) | Age if <18 | Name and phone of emergency contact | Details of prior medical condition and especially medication | Indemnity Signature (must be over 18) ** |
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Details must be filled in for **every** participant before commencement of walk.

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| Address (We would also appreciate your <u>phone and email</u> details if you are happy to include them) | Age if <18 | Name and phone of emergency contact | Details of prior medical condition and especially medication | SUAustralia Indemnity Signature (SMAN) be over 18) ** |
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| | Address (We would also appreciate your phone and email details if you are happy to include them) | Address (We would also appreciate your phone and email details if you are happy to include them) Age if <18 | Address (We would also appreciate your phone and email details if you are happy to include them) Age if emergency contact Name and phone of emergency contact | Addres (We would also appreciate your phone and email details if you are happy to include them) Age if <18 Name and phone of emergency contact emergency contact Details of prior medical condition and especially medication medication Details of prior medical condition and especially medication |

Details must be filled in for every participant before commencement of walk.