



The UTS Foundation Registration Form

Contact and Medical Information

Date : _____

Full Name : _____

Gender : M F (Please Circle)

Address : _____

Post Code : _____

DOB : ----/-----/-----

Employment Status : Student Unemployed Employed Part Time Full Time Retired

Other (Please State) : _____

Contact Email : _____

Emergency Contact Details 1 (Next of Kin)

Name: _____

Relationship: _____

Telephone: _____

Mobile: _____

Emergency Contact Details 2

Name: _____

Relationship: _____

Telephone: _____

Mobile: _____

UTS Foundation Medical Questionnaire

1. Have you in the past had a serious illness or accident? (Please circle) Yes / No
2. If yes, please provide details.....
3. Do you have any of the following (Please circle) Yes / No
4. Asthma / Diabetes / Bronchitis / Epilepsy / High Blood Pressure
5. If yes, please provide details.....
6. Are you currently, or have recently, taken any medication? (Please circle) Yes / No
7. If yes, please provide details.....
8. Have you consulted your doctor in the last 3 months? (Please circle) Yes / No
9. If yes, please provide details.....
10. Is there any other reason you should not take part in exercise/s of the nature provided by The UTS Foundation?
11. (Please circle) Yes / No
12. If yes, please provide details.....

I hereby confirm that the above details are true and correct to the best of my knowledge.

I agree to participate in any activities set out by The UTS Foundation and fully accept all liability should an accident occur.

Name (Please print): _____

Signed: _____ Date: _____

***PLEASE NOT ALL INFORMATION IS DEALT WITH IN THE STRICTEST CONFIDENTIALITY AS PER OUR CONFIDENTIALLY POLICY WHICH IS AVAILABLE UPON REQUEST**