

SPORTS ACTIVITY / COMPETITION / TRIP REGISTRATION FORM

NAME OF CLUB: _____

Please print!

GROUP LEADER DETAILS

Name	Qualification(s)	Emergency Contacts (mobile no's)

ACTIVITY LOGISTICS

Numbers going on trip		Date of trip:	
Name of Competition			
Location of Activity <i>(inc venue name, address)</i>		Contact Name	
		Telephone:	
Accommodation details <i>(inc address, & telephone no)</i>			
Depart Point & Time <i>(Sheffield)</i>		Destination Arrival Time	
Depart Point & Time		Arrival Time <i>(i.e. back in Sheffield)</i>	

TRANSPORT

Type of hired vehicle <i>(e.g. 1 x 16 seater minibus, 1 x caravelle, 1 x ford fiesta, 1 x minibus SCT)</i>		Hire company	
		Telephone	
Hire Vehicle drivers / Minibus drivers Names	Telephone	Age	Midas Assessed?
Private cars	Registration no's	Drivers Name	Office use only Driver details received?
			MOT Drivers Licence Insurance Cert

FIRST AID

Name of First Aider		Qualifications	
First Aid Equip Carried	yes / no <i>(please circle)</i>		

ACTIVITIES

No. of Beginners		Beginners to experienced ratio	
Nature of activity			
Approx Itinerary	Day 1	Day 2	Day 3
Any known difficulties to be encountered	yes / no <i>(please circle)</i>		
If yes please give details.			

AUTHORISATION

CLUB ACTIVITY / TRIP LEADER DECLARATION

Have those on your trip read a copy of Club Code of Practice:	Yes / No	
Have rescue/emergency services been informed:	Yes / No	If yes which have been informed?
	SIGNED	NAME (please print) DATE
<i>All statements contained in this form are true and accurate and will be adhered to.</i>		
Office Use Only : Hallam Union Authorisation		

EMERGENCY CONTACT NUMBERS

Hallam Union Reception 0114 2254111	SU Manager 07834 322840	24 HR Security 0114 2253856 <i>(in cases of hospitalisation / road traffic accident only)</i>
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