

Walk the Walk

Walker Registration Form

Walker's Name:

Phone Number (if you have a mobile on the walk):

Emergency Contact/s details: it is essential we have an emergency contact for you - this must be someone we can contact in case of an emergency on the walk.

First Contact Name:

Phone Number:

Second Contact Name:

Phone Number:

Walker Details

Home Address

Age:

DOB:

Medical History:
(please share relevant information)

Medications:
(please share relevant information)

Is this walk a personal challenge? (tick)

Yes - I rarely walk this far

No - I am used to walking this distance

Who are you walking with today?	
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NB: Please note information on this form will be held for the purposes of the sponsored walk ONLY. All forms will be held by SRCR in paper format and will be disposed of through confidential waste following the walk. No record of the information contained will be held by any of the involved charities. Relevant information will be shared with Scarborough and Ryedale Mountain Rescue in the case of an emergency.

**Please tick if you consent to this information being passed to:
Scarborough and Ryedale Mountain Rescue**