



UNDERGROUND TRAINING STATION



Contact and Medical Information

Title (circle as appropriate): Madam / Miss /
Mr / Mrs / Ms / Dr / Lord / Lady / Sir

Name: _____

Date of Birth: _____

Telephone: _____

Work: _____

Mobile: _____

Email: _____

Address: _____

Post Code: _____

Nationality: _____

Occupation: _____

How did you hear about us: _____

- ☐ I am happy to receive UTS offers
and information via SMS texts and
emails (*No spam we promise!)

Emergency Contact Details 1 (Next of Kin)

Name: _____

Relationship: _____

Telephone: _____

Mobile: _____

Emergency Contact Details 2 (Next of Kin)

Name: _____

Relationship: _____

Telephone: _____

Mobile: _____

Medical Questionnaire

1. Have you in the past had a serious illness or accident? (Please circle) Yes / No
If yes, please provide details.....

2. Do you have any of the following (Please circle) Yes / No
Asthma / Diabetes / Bronchitis / Epilepsy / High Blood Pressure
If yes, please provide details.....

3. Are you currently, or have recently, taken any medication? (Please circle) Yes / No
If yes, please provide details.....

4. Have you consulted your doctor in the last 3 months? (Please circle) Yes / No
If yes, please provide details.....

5. Is there any other reason you should not take part in exercise of the nature provided by
Underground Training Station? (Please circle) Yes / No
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 Underground Training Station and fully accept all liability
should an accident occur.

Name (Please print): _____

Signed: _____

Date: _____