



CONSENT FORMS

England

NEXT OF KIN DETAILS

Name _____

Relationship _____

Address _____

_____ Post Code _____

Telephone Number _____

I hereby give permission for _____ whose date of birth is _____, to undertake any MPCT course and hereby consent to his/her participation in the range of physically demanding activities listed below during the said visit.

Obstacle Course	YES/NO	Physical Exercise	YES/NO
Outdoor Activities	YES/NO	Gym Work	YES/NO

Medical Matters

If there are known medical reasons why he/she should not participate in all above activities, please give details:

Allergies _____

Medical Treatment _____

Asthma/Hayfever _____

Injuries _____ (include current / past injuries)

Diet _____

(Please detail any food the learner cannot eat for either medical or ideological reasons).

Doctor's Name _____ Telephone Number _____

These details are required in case of a medical emergency. MPCT will not be liable for your failure to disclose the correct information.

Parent / Guardian / Learner (if 18+)

Full Name _____

Relationship _____

Contact Address _____

Telephone Number _____

Signature _____

MPCTTM

Motivational Preparation College for Training

**FOR MORE INFORMATION
GET IN TOUCH TODAY**

**0330 111 3939
WWW.MPCT.CO.UK
ENQUIRIES@MPCT.CO.UK**

