



SE4WD Trip Participation Form

Name of Trip: _____

Trip Number: _____ **Trip Dates:** From _____ To _____

Trip Leader: _____ **Member's/Visitor's Name:** _____

Member Number: _____ **Mobile Number:** _____

Vehicle Make/Model: _____ **Registration No.:** _____

Driver and All Passengers Names

Contact Numbers:

Driver and All Passengers Names	Contact Numbers

Medical Information:

Have you prepared one of the following to take with you in the glove box of your vehicle (tick the box for one option as appropriate)?

Emergency Medical Information Book Medical Summary from a GP

Emergency Medical Information Record No information recorded

Any medical condition that the Trip Leader needs to be aware of?

First Aid Certificate: No Yes (Tick on one option as appropriate)

I confirm that for the duration of the trip I will have either comprehensive insurance or 3rd party property insurance for my vehicle and that I am a holder of a current driver's licence. I will abide by the decisions of the Trip Leader. I also understand that if I leave the trip early the Club's Trip Insurance may not cover me while I am driving home or going elsewhere.

Signature: _____

For the Trip Leader (complete details below if trip participant leaves the trip)

Departure: Date: _____ **Reason:** _____