

## Competitor Safety Slip

*Please complete all boxes*

<b>Name</b>		BOF No.
Email		Club
Address	Vehicle reg'n	
	Telephone	
	Mobile	
<b>Next of kin</b>		
Name		Telephone
<b>Medical condition</b>		
<p>Please briefly describe any medical condition the 1st Aid team should know about.</p>		
<p><i>Data collected here will be used by NOC to trace missing runner and inform any 1st Aid providers</i></p>		
<p>I would like to have membership and fixtures information sent by email/post (please tick)</p>		<input type="checkbox"/>