




# REGISTRATION FORM



<b>Name:</b> _____	<b>Date of birth:</b> _____
<b>Address:</b> _____	<b>Postcode:</b> _____

In case of emergency	
Contact 1 (please print)	Contact 2
<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
_____	_____
_____	_____
<b>Tel:</b> _____	<b>Tel:</b> _____
<b>Email:</b> _____	<b>Email:</b> _____
<b>Relationship:</b> _____	<b>Relationship:</b> _____

 **Safety First**

Never underestimate Snowdon. Your personal / group safety is foremost as accidents do happen which lead to injuries and sometimes loss of lives. Every walker should be aware of all safety issues before attempting to walk on the mountain.

If you have any pre-existing medical conditions we ask that you discuss the suitability of your participation in this walk with your GP before taking part on Saturday 10th May 2014. KDC cannot be held responsible for any injuries which take place during the challenge. Please remember to bring any prescription medications with you.

Are you an experienced walker? Yes  No  If yes please give details below

\_\_\_\_\_

I have received and read through the KDC Snowdon Mountain Challenge Information Pack and I wish to participate on 10th May 2014 and understand that I am responsible for ensuring that I am fit for such an event and will be wearing the appropriate footwear and clothing suitable for walking. As well as bringing suitable kit including water and provisions. I will forward all the proceeds of the sponsored challenge event raised as sponsorship money to KDC by Friday 27<sup>th</sup> June 2014. Please make cheques payable to Knowsley Disability Concern.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return this form to KDC via email to [info@kdc.org.uk](mailto:info@kdc.org.uk)