GWENT OUTDOOR CENTRES – CONFIDENTIAL CLIENT DETAILS

Organisation: **Date:** **Activity Group:**

NAME	DOB	NEXT OF KIN & ADDRESS	PHONE-DAY	PHONE-NIGHT	DR. SURGERY, INCL. PHONE NO.	RELEVANT MEDICAL CONDITIONS/ ALLERGIES	SWIM
PLEASE ENSURE **ALL STAFF AND STUDENT** DETAILS HAVE BEEN ENTERED **BEFORE** ARRIVAL AT GILWERN.							