



'Together We Can Achieve'

Registration/ Medical Form

Please return to your trainer

ECLSDOC104/23012022



'More than just a Dog Trainer'

Registration/ Medical Form

Name

Address

Telephone Number

Emergency Contact (relationship to you)

Please list any relevant diagnosed medical condition

Do you have any heart conditions, if so please list and indicate if a pacemaker/internal defib has been inserted?

Do you have asthma – if so, do you give permission for your own inhaler to be administered by a Training Instructor should the need arise.

Registration/ Medical Form

Do you carry an epi-pen – if so, do you give permission for one of our instructors to administer should it be needed.

Do you have any back conditions, replacement joints etc that may restrict movement in class?

Are you hearing or sight impaired?

Please disclose any other relevant medical history that you feel is appropriate.

Signed

Dated