



Stockland Lovell Manor
Equestrian Training & Competition Centre

CONFIDENTIAL

*MEDICAL FORM must be completed and returned to:
Stockland Lovell Manor, Coultings, Bridgwater, Somerset TA5 1JJ*

Name of Camp.....

FULL NAME:		MR/MRS/MISS/DR
ADDRESS:		
POSTCODE:		
TEL NOS:	HOME:	WORK:
	MOBILE:	
EMAIL:		
DATE OF BIRTH:		
Please tick	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Next of Kin Name and Contact No(s):		
	HOME:	WORK:
	MOBILE:	

NAME OF YOUR GP:	
ADDRESS OF YOUR GP PRACTICE:	
GP PRACTICE TEL NO:	

Do you have any ongoing injuries or health problems (tick appropriate box):	YES:	NO:
IF YES, please detail:		

Do you have any allergies: (tick appropriate box):	YES:	NO:
IF YES, please detail:		

Have you suffered injuries in the past: (tick appropriate box):	YES:	NO:
IF YES, please detail:		

Signature:	Date:
Print:	
(Parent or guardian if under 16)	