



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.....

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

<b>NAME OF YOUR GP:</b>			
<b>ADDRESS OF YOUR GP PRACTICE:</b>			
<b>GP PRACTICE TEL NO:</b>			

<b>Do you have any ongoing injuries or health problems</b> (tick appropriate box):	<b>YES:</b>	<b>NO:</b>
<b>IF YES, please detail:</b>		
<b>Do you have any allergies:</b> (tick appropriate box):	<b>YES:</b>	<b>NO:</b>
<b>IF YES, please detail:</b>		
<b>Have you suffered injuries in the past:</b> (tick appropriate box):	<b>YES:</b>	<b>NO:</b>
<b>IF YES, please detail:</b>		
<b>Signature:</b>	<b>Date:</b>	
<b>Print:</b>		
(Parent or guardian if under 16)		