

PROSPECTIVE MEMBER ACTIVITY RECORD

Name _____ Address _____

Mobile _____ Email _____

MEDICAL CONDITIONS - Do you have any medical conditions, physical disabilities, allergies that the Activity Leader should be aware of, do you carry any medication?

Your answer _____

✓**INDUCTION ACTIVITY 1** **Emu Mountain** Leader _____ Grade _____

Your comments _____

Leader comments _____

✓**ACTIVITY 2** _____ Leader _____ Grade _____

Your comments _____

Leader comments _____

✓**ACTIVITY 3** _____ Leader _____ Grade _____

Your comments _____

Leader comments _____

IMPORTANT NOTES

Please advise the activity leader of any medical conditions prior to commencement of the activity.
Comments can include ability to cope with the activity, general comments and suggestions.