

OD Octavian Droobers (Orienteering Club)

## Competitor Safety Slip

*Please complete all boxes*

Name		BOF No.	
Email		Club	
Address		Vehicle reg'n	
		Telephone	
		Mobile	

### Next of kin

Name		Telephone	
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### Medical condition

Please briefly describe any medical condition the 1st Aid team should know about.

*Data collected here will be used by OD to trace missing runner and inform any 1st Aid providers*

I would like to have membership and fixtures information sent by email/post (please tick)

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