



## Next of Kin & Personal Details



Full Name (as on passport)	
Address	
Post Code	
Telephone No.	
Email Address	
Date of Birth	
Angling Trust Membership Number & Expiry date	
Next of Kin	
Address	
Post Code	
Telephone No.	
Doctors name & Address	
Telephone No.	
Medical Conditions that may be aggravated by %Competitive Fly fishing+	
Any special Dietary requirements	
<b>Anti-Doping</b>	
TUE (Therapeutic Use Exemption) Certificate to cover %prescribed medications+WADA & UKAD requirements	
<b>For Overseas travel only</b>	
Medical Conditions that may be aggravated by %flying+	
Passport No.	
Issuing Authority & expiry date	