

# Best Relaxation & Activity Weekend 2025

## **Booking Form**

### Personal Details

Are you a Brain Injury Survivor?

Are you a carer? .....

Are you a volunteer? .....

First Name:

Surname:

Address (inc postcode):

Telephone Number (inc code):

Headway Group/Branch:

Date of Birth: ..... Male.....

Who can we contact in an emergency?

Name: .....

Relationship (e.g. sister, wife, partner etc):

Address:

Telephone:

Mobile or alternative:

## **Medical Questions**

Medical questions must be completed fully to ensure safe and efficient running of the event and all activities. Details listed may be requested by emergency personnel but will otherwise remain confidential.

Do you have diabetes?

Do you have epilepsy?

If you answered Yes – Please tell us about the frequency and severity of epileptic seizures & if you have an emergency plan.

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Do you have any allergies?

If you answered Yes – Please tell us about the allergies you have – (e.g. to food or drugs or other):