



myisrael Desert Trek 2010

Registration Form

Please fill in ALL questions below. Please send back the completed registration form, completed medical form (with doctor's signature if required) and your cheque for the registration fee of £350 made payable to myisrael to:

myisrael, 2nd Floor, 85 Frampton St, London, NW8 8NQ

Personal details:

Title: _____ First name _____

Last name _____

Address _____

_____ postcode _____

Home phone _____ work phone _____

Mobile phone _____

Email address _____

Please select the project you would like to raise money for:

I would like to raise money for

I would like to raise money for the **myisrael general fund**

I understand that this money will be allocated at the trustees' discretion to the project or projects deemed most in need

Medical Information

All sections on this medical form must be completed. All information supplied in this form will be treated as strictly confidential and will only be used for this event. Should any of your medical details change after you have submitted this form, please inform us immediately. This is essential for your well being and for the validity of your travel insurance.

This trek entails 6 days walking up to 20km per day with uphill and downhill walking.

Please indicate below if you have any of the following conditions. If yes, please give details in the space provided below:

Heart or circulatory disease:	yes/no	diabetes:	yes/no
Raised blood pressure:	yes/no	joint or back injuries:	yes/no
Respiratory disease:	yes/no	allergies:	yes/no
Asthma:	yes/no	heat stroke:	yes/no
Vertigo:	yes/no	epilepsy:	yes/no

If you have answered yes to any of the above, please provide details here:

Do you suffer from any other medical condition: yes/no
If yes, please provide details here:

Have you undergone surgery in the last twelve months? Yes/no
If yes, please provide details here:

Please list any medication that you are currently taking and ensure you bring enough supplies for the length of the trip

If you are aged over 60 or if you have a pre-existing medical condition, you must ask your doctor to sign below confirming that you are fit to undertake this challenge and post the medical form to us:

Doctors signature.....

Practice stamp (If applicable)

Blood group (if known)

Next of kin

Name _____

Address _____

Rrelationship to you _____

Tel (home) Tel (mob _____

Declaration

I confirm and have understood the need for fitness and to the best of my knowledge this is a true and accurate description of my medical history and current condition. I sign below for **myisrael** to release this information to the doctor accompanying the event to allow him/her to contact my gp for further details. In the event of illness or an accident on the trip I hereby give my permission for the medical staff to initiate medical treatment and hereby notify my next of kin (as listed on the registration form) in case of hospitalisation

I agree to abide by the rules and conditions of entry as detailed on the website.

I understand that **if my medical condition changes before the event I must notify myisrael so that the group medic is fully aware.**

I enclose a cheque for the registration fee of £350 made payable to **myisrael**.

I understand that i must take out appropriate travel insurance and provide my insurance certificate to the organisers a minimum of two weeks before date of departure.

The trek itinerary is subject to change. myisrael will endeavour to provide appropriate transport, security and medical facilities for all participants, but do not accept liability for any loss, illness or injury to those taking part in the trek.

Signed _____

Date _____