TRIP FORM

All clubs must complete these forms and return them (signed) to the Sports Union Office prior to the trip departure.

If not, your transport will be cancelled and you will incur any costs.

If no form is handed in at all and a trip is discovered to have taken place, the Club will lose their right to book any transport through the Sports Union.

Once complete, please email this form using your Club email account to sports.union@ed.ac.uk

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| --- | --- |
| **NAME OF CLUB** |  |
| **NAME & TEL NO. OF TRIP LEADER** |  |
| **NUMBER OF PEOPLE GOING ON TRIP** |  |
| **DATE OF TRIP** |  |
| **NAME OF FIRST AID QUALIFIED PERSON** |  |
| **HOW MANY ON TRIP ARE BEGINNERS** |  |
| **WHERE WILL THE TRIP BE BASED?** |  |
| **TRIP ITINERARY (If more than one location, please provide proposed routes and any grid references, if applicable)** |  |
| **ANY DIFFICULTIES LIKELY TO BE ENCOUNTERED? (Provide alternate itinerary if so)** |  |
| **DATE & TIME EXPECTED TO RETURN** |  |
| **CONTACT & PHONE NUMBER OF PERSON NOT ON TRIP (If any difficulties occur)** |  |

**TO BE COMPLETED BY TRIP LEADER**

I certify that:

1. All members intending to go on the above trip have read and understood the following documents:
* Club’s Safety Policy
* Sports Union Guidelines for Safe Practice
* Sports Union Safety Policy
1. All members intending to go on the above trip are aware of the standard of expertise required to complete the trip safely
2. That all statements contained in this form are true and accurate and adhered to

|  |  |
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| **Signed (trip leader)** |  |
| **Date** |  |
| **Trip Authorised by (SU to complete)** |  |

**TRIP LIST**

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| --- | --- | --- | --- | --- | --- |
|  | **FULL NAME** | **TRAINED IN****FIRST AID** | **BEGINNER** | **NON****STUDENT** | **DRIVING** |
|  |  | **YES** | **NO** | **YES** | **NO** |  |  |
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