



ON THE ICE EXPERIENCE DECLARATION FORM

THIS FORM IS TO BE COMPLETED AND RETURNED TO KELLY TARLTON'S SEA LIFE AQUARIUM AS SOON AS POSSIBLE

GIVEN NAME:	SURNAME:
ADDRESS:	
POSTCODE:	PHONE #:
DATE OF BIRTH: / /	SEX: M / F

TO ASSIST WITH FITTING YOUR ANTARCTIC SNOW SUIT:

DATE OF TOUR:	
HEIGHT:	
SHOE SIZE:	

PLEASE READ THIS DOCUMENT CAREFULLY, IT IS IMPORTANT THAT YOU ANSWER IT HONESTLY.

	Yes	No	COMMENT
Are you 14 years or older?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been in contact with birds in the last 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you able to navigate stairs?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you suffered from the Flu/Cold/Gastro/Respiration infection in the last 48 hours?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you understand that no jewellery, watches, mobile phones or cameras can be taken on tour?	<input type="checkbox"/>	<input type="checkbox"/>	

I hereby acknowledge that this is a true statement

Signed _____

Date: _____