

Medical Form

(For residential stays and activity courses at or associated with the Horstead Centre)

PARTICIPANT'S NAME..... Date of birth..... *male/female

COURSE ATTENDING..... From..... To.....

Address.....

..... Post Code.....

Telephone numbers: Daytime..... Evening.....

Mobile..... Email.....

Name of Emergency Contact (parent/guardian/next of kin).....

Contact telephone if different to above.....

Medical details:.....

.....

.....

Any special dietary requirements

.....

Consent Form

I hereby agree to myself/ my child participating in activities at The Horstead Centre, on the date specified above.

I declare that I/ my child is water confident, and to best of my knowledge, does not have any medical condition which could affect participation in the course, or require specific assistance. (Medical conditions need not necessarily prevent participation, but the instructor MUST be made aware of any potential problem.)

Please note that digital photography may take place during your/ your child's visit. These photographs may be used for publicity material, but no personal details will be made available. Please tick the box if you object to photos being taken of yourself/your child.

DECLARATION (All participants over 18 at the date of participation must complete this section. If under 18 at this date this section should be completed by that participant's parent or legal guardian).

As the *participant/ parent / guardian of (Name)

I have understood the nature of the adventurous outdoor activity to be undertaken at to the Horstead Centre and agree to *my / his / her / taking part. I also agree that:

- (i) *I am / he is / she is fit to participate in the visit and programme.
- (ii) Under the Data Protection Act, I authorise the Horstead Centre to retain the information on this form for the duration of the visit and for up to 30 days beyond.

Signed *participant/parent /guardian **Date**

