

## Medical Form

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 and allergies:** Please list any relevant medication (auto injectors, allergy to penicillin etc.)  
 .....  
 .....

**Any special dietary requirements** .....

**Other important considerations** .....

**Media Consent.** We love to document people's enjoyment of our Centre and we try to promote our work as often as we can. For this reason, photography or filming of your/your child's participation in our activities may take place during your/their visit. These photographs would be used by the Horstead Centre; for displays or publicity including Social Media and our Website. No other personal details would ever be publicised, and you can withdraw your consent at any time by contacting the Centre Manager. Our full data protection and GDPR statement is available on request. **Please tick the box if you consent to photographs and film to be taken and used in this way.**

**Consent to participate** (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).

By signing and submitting this 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 undisclosed condition which could affect participation in the course, or require specific assistance.

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

**COVID-19.** The Horstead Centre is a COVID Secure site, and we have put in all possible measures to ensure safe participation in our activities with minimal risk of transmission. By submitting this form, you also agree to not attend, or send your child to attend, the Centre if you or they are displaying any symptoms of COVID-19 or have been in recent contact with someone who has symptoms or a positive diagnosis.

**Signed \*participant/parent /guardian** ..... **Date** .....