

APPLICATION / CONSENT FORM



**Millers Dale Bridge Sponsored Abseil
Saturday 12th September, 2009**

This form must be completed by or on behalf of every person before they may participate in the abseil organised by Dukes Barn. All information contained in this document will be treated as confidential.

1. Personal details

ForenameSurname.....

Address.....

.....Phone No.....

Date of birthAgeSex.....

Relevant details of any physical disabilities

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Relevant details of any learning disabilities

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2. Emergency contact numbers

Name..... Relationship:.....

Home Address.....

Home phone noWork phone no:.....

If not available, please contact: Name..... Relationship:.....

Home phone noWork phone no:.....

Family Doctor Name.....Phone no:

Address.....

3. Medical information

Are you taking any medication? Yes / No.

Please give details.....

Are you allergic to any medication? Yes / No

Please give details

Have you had a tetanus injection in the last 5 years? Yes / No Date.....

Do you have epilepsy? Yes / No

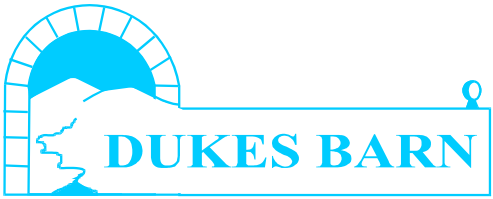
Please provide any other details which may be helpful to the instructor

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4. Declaration

I agree to have the opportunity to participate in the sponsored abseil and donate a minimum of £25. I understand that although potentially hazardous, the activity will be led by an experienced instructor who holds the relevant awards or qualifications and who will maintain a high level of safety throughout the activities. I acknowledge the need for responsible behaviour and that the instructor's word is final on all matters of safety.

Signed **Print name** **Date**



PARENTAL CONSENT FORM

This form must be completed by the parent or guardian of any person under the age of 18 before they may participate in any activities organised by Dukes Barn.

All information contained in this document will be treated as confidential.

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Organisation/School/Group name _____

Course date _____

Participants Surname _____ Forename _____

Address _____

Date of birth _____ Age _____ Gender _____

Medical information

Please specify

Medical or physical condition	YES/NO	_____
Are they taking any medication	YES/NO	_____
Are they allergic to any medication	YES/NO	_____
Tetanus injection (last 5 years)	YES/NO	_____

Any other medical details _____

Please provide dietary requirement _____

Parent/Guardian Contact Numbers

Name _____

Tel no: _____ Works/Mob no: _____

Name _____

Tel no: _____ Works/Mob no: _____

Doctor's name _____ Tel no: _____

Declaration

I agree to my child receiving medical emergency treatment including an anaesthetic as considered necessary by the medical authorities.

I agree to my child participating in adventure activities on the understanding that these activities will be supervised by an experienced and qualified instructor. I acknowledge the need for responsible behaviour on my child's part and that the instructors word is final in all matters of safety.

I do/not agree to photographs being used for publicity purposes.

Signature _____ Print name _____ Date _____