PARTICIPATION CONSENT FORM

ACTIVE NATION

VENUE:	COURSE / ACTIVITY:	DATE / RANGE:

PARTICIPANT DETAILS

PARTICIPANT NAME ..... DATE OF BIRTH ..... AGE.....

ADDRESS .....

..... POSTCODE .....

EMAIL ADDRESS ..... TELEPHONE NO. .....

EMERGENCY CONTACT DETAILS

EMERGENCY CONTACT NAME ..... TELEPHONE NO. .....

DOCTORS NAME ..... TELEPHONE NO. .....

EXERCISE READINESS QUESTIONNAIRE

ARE YOU AFFECTED BY ANY OF THE FOLLOWING?	Yes	No
Asthma, Bronchitis, Heart condition, Diabetes, severe headaches, travel sickness, fits, fainting or blackouts.	☐	☐
Allergies to known medication, pollen, materials, food, plasters or other items.	☐	☐
A disability, learning condition or medical condition which may affect their participation or learning.	☐	☐
Received a vaccination against Tetanus in the last 10 years?	☐	☐
Received medical or surgical treatment of any kind from either your family doctor or hospital or been given specific medical advice to follow in emergencies?	☐	☐
Affected by broken bones, back pain or pregnancy?	☐	☐

If you have answered yes to any of the above questions please give details below:

DROP OFF / COLLECTION

I give permission for my child to sign themselves in and sign themselves out of activities? Yes ☐ No ☐

If NO, please give the name of the Parent / Guardian collecting your child: .....

Please provide a password which will need to be stated if requesting information about your child: .....

SWIMMING (WATER COURSES ONLY)

I confirm that the participant can swim 50 metres in light clothing Yes ☐ No ☐

DECLARATION

I confirm that I have parental responsibility for the participant and I consider him/her fit to participate in the activity. In the event of illness or accident I consent to any necessary medical treatment which might include the use of anaesthetics. I accept the booking conditions which I have received with this form. If any illness or medical treatment occurs after the return of this form and prior to the activity, I will inform the centre in writing.

SIGNED ..... DATE .....

NAME OF PARENT / GUARDIAN (IF CHILD IS UNDER 18 YEARS OF AGE) .....

I hereby give permission for Active Nation to use the participant's image to advertise and promote the work of the Charity. I understand that I waive all rights, ownership and copyright to this material and will not pursue any reward for its use, now or in the future. Yes ☐ No ☐