

Group/School/ Organisation Name:		Date:
Participants first Name		Male/Female
Last Name:		DOB: AGE:
Address:		
Home Telephone:	Mobile:	Work:
Emergency contact Details	Full Name:	
Home Telephone:	Mobile:	Work:
Email Address:		
Medical		
Please list below any illness, Medical conditions, Disabilities, special Needs which may limit your ability when taking part in the activity, this includes, (Epilepsy, Asthma, Stress/depression, Attack of fainting & dizziness, Heart conditions, Knee or Ankle problems, Back problems.		
Please tick if continued overleaf ()		
Doctors Name:	Doctors telephone:	
Doctors Address:		
I given consent to any first aid treatment to be given whilst taking part in reach out adventures activities		YES/NO
Declaration		
If a participant is under 18, a parental consent form should be used instead of this form.		
I declare the information I have provided is to the best of my knowledge of my medical history and medical state. By signing below I understand and accept the nature of the activities provided and risk involved, and that I have a responsibility to take careful note of instructions and act in a way that will minimise the likelihood of injury. I declare I am fit to take part in the activities and will inform reach out adventures before the activity of any medical conditions that might affect my safety.		
I have read and understood Reach out adventures teams and conditions.		YES/NO
Signature	Date	
Photographs		
Sometimes, during the course of your activities with Reach out adventures, pictures are taken of young people enjoying themselves. These may be used for our own publicity purposes, for example on static displays, website, information leaflets or annual reports. If you have no objection to photographs being used in this way, please let us know by signing below. You can be assured we would never consider making use of a picture, which might cause embarrassment.		
Signature	Date	