

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
<u>Declaration</u>		
This form must be completed by parent or guardian of any person under age of 18 before participate in any activities.		
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. Your son or daughter must therefore listen carefully to instructions to ensure there safety throughout their activities. I declare my son or daughter is 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	
<u>Photographs</u>		
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	