



# Registration/Consent Form

*For under 18s this form must be completed and signed by a parent or guardian*

<b>School Group Name</b>	
<b>Date of Course</b>	

Details of participant (Complete in block capitals please)

<b>Surname</b>	
<b>Forenames</b>	
<b>Date of birth</b>	
<b>Male / Female</b>	
<b>Home tel. no.</b>	
<b>Mob no.</b>	
<b>Home address</b>	
<b>Postcode</b>	
<b>Email address</b>	

For some activities we need to know the following information [residential/water activities]

<b>Height</b>	
<b>Weight</b>	
<b>Shoe size</b>	
<b>Can you swim 50 metres in light clothing?</b>	

	<b>Emergency Contact (Include relationship to participant)</b>	<b>Alternative emergency contact (Include relationship to participant)</b>	<b>Your doctor</b>
<b>Name</b>			
<b>Address</b>			
<b>Tel No.</b>			
<b>Mob no.</b>			

To which of the following ethnic groups do you belong? [for monitoring purposes only]

<b>Bangladeshi</b>	<input type="checkbox"/>	<b>Black</b>	<input type="checkbox"/>
<b>Black African</b>	<input type="checkbox"/>	<b>Indian</b>	<input type="checkbox"/>
<b>Black Caribbean</b>	<input type="checkbox"/>	<b>Pakistani</b>	<input type="checkbox"/>
<b>White</b>	<input type="checkbox"/>	<b>Other, please specify</b>	<input type="checkbox"/>

During your course/activity, South Tyneside Council may take photographs or video clips to be used for marketing material, course reports and websites. Please tick this box if you would prefer not to be included.

Do you suffer from any of the following? Please answer the questions fully, honestly and give details. If you need more space to include details please send on a separate sheet.

Heart trouble, angina, raised blood pressure?	Y/N	Severe hearing / visual impairments?	Y/N
Asthma, bronchitis, tuberculosis or other lung condition?	Y/N	Bladder / urinary problems?	Y/N
Are you overdue a tetanus injection?	Y/N	History of epilepsy, fainting attacks, migraines or have you ever suffered a severe head injury?	Y/N
Diabetes?	Y/N	Have you been treated by a doctor or in hospital within the last 2 years for anything other than a trivial complaint?	Y/N
Nervous illness, depression or other psychiatric condition?	Y/N	Are you suffering from, or are you a carrier of any infectious diseases or have you travelled from an area where you have been exposed to these?	Y/N
Allergy to foods [e.g. nuts, dairy produce, etc]?	Y/N	Do you have, or suffer from any other diagnosed condition or is there anything else you wish us to know about?	Y/N
Other allergic reaction [e.g. hayfever, reaction to medicine or insect bites]?	Y/N	Do you have any special dietary requirements [e.g. vegetarian, vegan or halal]?	Y/N
History of broken bones, muscle tears or tendon / ligament damage?	Y/N	If female, do you know or suspect that you are pregnant? If so, state at what stage you will be when starting your course	Y/N
Stomach / digestive / abdominal problems?	Y/N	Are you taking any medication? If so, please state the condition being treated, name the medication, state the dosage	Y/N
Blood disorders?	Y/N	Are you happy to receive some medication? (Allergy relief, Paracetamol, travel sickness) Please indicate:	Y/N

PLEASE NOTE: If there are any changes to the above, you must inform the appropriate centre immediately. If at the start of the course activity it is found that information has not been given correctly South Tyneside Council reserves the right to refuse participation.

**Safety and acknowledgement of risk**

The risk of serious injury to participants is extremely small but it is not non-existent. We take a great deal of care of participants' safety. However, as in any adventure activity, there will be some factors beyond our control. Participants will be briefed before every activity and are expected to follow the safety procedures explained to them and to indicate if they are unsure of what is expected of them. Participants are never forced to do an activity and if any participant has concerns they should make these known to their instructor. The level of risk associated with adventurous activities is normally very low, and probably no greater than that experienced by active people in everyday life.

**I DECLARE THAT ALL MEDICAL AND ENROLMENT INFORMATION ON THESE FORMS IS TRUE AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION AND I UNDERSTAND AND ACCEPT THE ABOVE SAFETY AND ACKNOWLEDGMENT OF RISK STATEMENT:**

In signing for a participant who is under 18, you endorse the following statement:

"I consent to the above named person participating in the course/activity and consent to him / her taking part in all activities. In the event of an emergency and South Tyneside Council being unable to contact me, I give permission for any medical treatment deemed necessary, to maintain his / her well-being."

**Signature:**

**Print name:**

**Relationship to participant:**

**Date:**