

YOUNG PERSONS DETAILS

Name: Age: Date of Birth:

Address:

.....

..... Post Code:

Medical Information— Please list any medical conditions/allergies or any relevant information concerning the young persons health or welfare which may require special attention but which does not prevent them taking part in the selected activities, e.g. Asthma, epilepsy or recent illness, operations etc:

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Equality Monitoring Data

DISABILITIES

Does your child have a disability or special educational need which the Centre should be made aware of? Yes/No.

If Yes, please provide further information.

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ETHNICITY

How would you describe your child's ethnicity?

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NEXT OF KIN CONTACT DETAILS

Please provide at least 2 next of kin contact details for when your child is taking part in activities at Haven Banks Outdoor Education Centre.

1) Name: Relationship to Child:

Contact Phone Numbers: Mobile Number:

2) Name: Relationship to Child:

A Contact Phone Numbers: Mobile Number:

PARENT/GUARDIAN DETAILS

Name: Relationship to Child:

Address:

.....

..... Post Code:

Email:

Contact Phone Number (Home): (Work):

Contact Phone Number (Mobile):

The selected activity program has a number of inherent risks and hazards that are beyond the control of Haven Banks OEC and its staff. By signing this form, I agree to personally assume this risk, in the knowledge that Haven Banks will take every care within their responsibility to protect the health, safety and welfare of my child.

- I confirm I have read and understood Haven Banks Personal Data and Fair Processing Notice and Photographic Consent Information. Available at haven-banks.co.uk/index.php/privacy. (Please tick). **We are unable to accept this form without this box being ticked.**
- Please inform the Centre in writing if you wish to withdraw consent for the use of photographic images.
- I consent to the above named young person to take part in the activities I have selected and I have read all relevant information provided.
- I confirm that the above named young person is water confident.
- I consent to any emergency medical treatment which may be necessary.
- I confirm that the above named young person is in good health and fit to participate in the chosen activities.

Signed: Relationship to Child:

Print: Date: