

PLEASE COMPLETE USING PEN AND BLOCK CAPITALS

Participant's full name	Dates of visit
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Likes to be called	Date of Birth
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Participants full home address: ..... ..... ..... ..... Telephone number Day ..... Telephone number evening..... Mobile.....	Name and address of parent or guardian if under 18 years old or next of kin if 18 years and over if same as participants' home address write "same" ..... ..... ..... Telephone number Day :..... Telephone number evening..... Mobile.....
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If you wish us to keep the above contact details on file to keep you updated with Venture Centre courses and events please tick this box

Email address.....

I agree to my son/daughter receiving emergency medical treatment including anaesthetic and surgical operations as considered necessary by the medical authority present and submit his/her relevant details below.

**PRINT:** ..... **Signed** ..... **Date** .....

Relationship to applicant if applicable.....

Doctors Name :.....  Surgery Address..... ..... .....  Blood group (if known).....	Does the participant suffer from any medical conditions requiring medical treatment, including medication and dressings: (if yes please give details). ..... ..... .....  Name of child's school if under 18 years.
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To the best of your knowledge has the participant been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that might be or become contagious or infectious (if yes please give brief details):-  
 .....  
 .....

Occasionally the Venture Centre or our nominated agents take photographs or videos of persons staying at the centre for publicity purposes. If you prefer your child **not to be included** in these photographs or videos please tick this box.

Please give details of any allergies, medical, behavioural, social problems or other issues The Venture Centre should be aware of  
 .....

Explain who will be dropping off and collecting your child or if they are allowed to arrive and depart unaccompanied

Contact number if relevant

Has the participant received a tetanus injection in the last five years YES/NO *	Can the participant swim 50 metres unaided YES/NO * Swimming ability not essential
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*One of the main aims of the centre and its programmes is to introduce a wide range of outdoor activities and experiences that can help promote an active healthy lifestyle for your child. Adventure activities are not completely free from risks. Whilst the Venture Centre takes action to minimise risks and the chances of serious injury are remote the chance of minor injury has to be seen as a possible outcome, much the same as in normal active outdoor play. We fully accept our legal and moral responsibilities in these matters but feel that you as a caring parent or guardian would wish to be fully informed about what participants may experience. Some parents or guardians may consider the element of risk unacceptable and therefore withdraw their child from the course. Copies of Venture Centre risk assessments are available on request and on our website.*