Leeds Sailing and Activity Centre

Registration and Consent Form

Title of Course/Activity										Course Code				Date of Activity							
Participant Details																					
Name:										D.O.B				Age							
Email:										Phone:											
Address:																					
Post Code																					
Gender - please tick Male							Female														
Do you have any long term illness, health problem or a disability? If YES, please state, e.g. learning disability / downs syndrome / cerebral palsy / etc. Please also provide any other additional information you feel necessary, e.g. wheelchair user / guide dog / etc.																					
Medical Information please give details of any important medical information that our staff should be aware of (e.g. epilepsy, asthma, diabetes,).																					
Emergency Contact. (If participant is under 16 this must be completed by the legal Parent / Guardian).																					
Name:						Relationship to child if participant is under 16							if	Tel (1):				Tel(2):			
If under 16 please detail your child's arrangements for returning home																					
Will be collected by							Y/N				Will make				e ow	e own way home Y/N					

Please be aware:

THIS REGISTRATION/CONSENT FORM <u>MUST</u> BE RETURNED TO THE CENRE <u>BEFORE</u> THE ACTIVITY TAKES PLACE.

JUNIORS: NO CHILD WILL BE PERMITTED TO TAKE PART WITHOUT A SIGNED REGISTRATION CONSENT FORM.

<u>PARTIES</u>: IT IS THE RESPONSIBILITY OF THE PARTY ORGANISOR TO ENSURE THAT A SIGNED REGISTRATION/ CONSENT FORM IS COMPLETED FOR <u>EACH</u> CHILD TAKING PART.

Declarations:

I undertake to inform a member of staff of any changes in the information provided on this form. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with the injury / illness appropriately.

JUNIORS: by returning this completed form I agree to my child taking part in the activity.

Consent Statement:

I accept that watersports and adventure activities are hazardous by their nature and that there is a possible risk of injury.

The artificial cave is not suitable for anyone with back, neck or heart problems, pregnant, pace maker, claustrophobia, epilepsy or with a stature deemed unsuitable by our staff. To help us make an informed decision about whether the cave is suitable for you please inform us if you have any other medical conditions not listed or any reasons why you should not take part in the physical activity.

I accept that climbing and absailing are activities with a danger of personal injury.

You are signing to confirm you are aware of and accept the risks of taking part in Watersports and adventure activities including caving, climbing and absailing and have declared any contra-indications.

<u>JUNIORS</u>: I give consent for my child to take part in the above activity / activities and, having received and read the information provided, agree to their participation. I acknowledge the need for obedience and responsible behaviour on their part.

Data Protection /Privacy Statement

The information you provide on this form will be held electronically in accordance with the Data Protection Act 1998. If you would like to receive promotional information from Leeds City Council please tick this box If you give consent for your child to be photographed during the course/session please tick this box

Cancellation/Re-programming/Change of Activity

Under exceptional circumstances, Leeds City Council reserve the right to change all or some of the above at short notice.

This should be signed by the parent / guardian if the participant is under 16.

Print Name	Relationship to child
Signature	Date

For office Use only:			
Date form received:	Staff Initials:	Fee paid: £	Receipt No:

Please return this form to Leeds Sailing and Activity Centre via <u>sailingcentre@leeds.gov.uk</u> or Cemetery Road, Yeadon, Leeds, LS19 7UR.

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This should be signed by the parent / guardian if the participant is under 16.