



Anglesey Adventures

www.angleseyadventures.co.uk

Parent/Guardian Acknowledgement of Risk Form

NAME OF PARENT/GUARDIAN:		CONTACT NUMBER:	
ADDRESS:		POST CODE:	
DATES OF COURSE from: 20 / 6 / 16		to: 6 / 7 / 16	

PART ONE - ACKNOWLEDGEMENT OF RISK

- I declare that to the best of my knowledge my son/daughter doesn't have a medical condition which might increase the chance of being involved in an incident, resulting in injury to him/her or others, e.g. heart condition, epilepsy etc. I further declare that, to the best of my knowledge, she is not pregnant.
- I understand that adventurous activities may be physically and emotionally challenging. I accept that there are some inherent risks associated with such an activity.

PRINT NAME	SIGNATURE	EMAIL

We will occasionally contact you via email with special offers and latest news. Tick this box if you do not wish to receive them

PART TWO - CONSENT FORM FOR UNDER 16'S

- I (print name) consent to allow the child listed below to participate on the ropes course
- I declare that if I am not the parent or guardian of the child(ren), I have authority from the child(ren)'s parent or guardian to sign this consent form.

PARTICIPATING CHILDS NAME:	AGE:
CONSENTING ADULT NAME:	DATE: / /

Office use:

GROUP NUMBER:	PAYMENT TYPE	TOTAL: £
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Medical Declaration Form

PLEASE COMPLETE THIS FORM BEFORE TAKING PART IN ANY ADVENTUROUS ACTIVITY.

Group Leaders – please contact us if you require additional copies of this Declaration Form, the information provided on this form is required for the staff at Anglesey Adventures to give appropriate medical assistance if required.

The information will be treated confidentially. It is essential that we know about any potential health problems. If on arrival it is found that information has not been given correctly, we reserve the right to refuse admittance to the course.

The form is to be completed by all participants and returned to Anglesey Adventures before the start of the course. Illness or medical conditions need not necessarily prevent you from taking part, but we must be aware of any potential problems.

Please use BLOCK CAPITALS, tick **yes** or **no** to each question and give full details where applicable.

MEDICAL DECLARATION

NAME:		AGE:	
TYPE OF COURSE: COASTEERING		START DATE: 20/6/16 - 6/7/16	
CONDITION	YES	NO	PLEASE DESCRIBE
Wet activities – are you confident in water?			
Heart trouble or raised blood pressure?			
Asthma, bronchitis, tuberculosis?			
Diabetes?			
Epilepsy, fainting, migraines, severe head injuries?			
Nervous illness?			
Hay fever, allergies, e.g. medicine, insect bites / food?			
History of fractures or tendon / ligament damage?			
Suffering from, or carrying, any infectious diseases?			
Treated by a doctor / hospital in the last two years?			
Please give details and dose of medicines			
Have you any disability?			
Any special dietary requirements?			

If you contract any illness or suffer any injury subsequent to filling in this form, it is essential that you inform Anglesey Adventures before the course starts. If you are in any doubt about your physical ability, please consult your doctor. If under 18 years of age, this form must be signed by your parent or guardian.

I declare that the above answers are correct and that I have not withheld information.

I agree to follow essential safety instructions as given by Anglesey Adventures staff.

SIGNED:	DATE: / /
ADDRESS:	
TELEPHONE NUMBER (home):	MOBILE NUMBER:



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