|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Please tick as appropriate | **Young person**  **Adult** | | | | | | |
| Full Name |  | | | | Known as | |  |
| Date of birth |  | | Age |  | | | **Male/Female** |
| Full address |  | | | | | | |
| Name of parent or guardian |  | | | | | | |
| Postcode |  | | | | | | |
| In case of emergency during  activity phone number | |  | | | | **Other** (Compulsory) | |
| Course name | |  | | | | | |
| Email address | |  | | | | | |

**Activity information**

1. I agree to **myself/my child** attending water sports **yes / no** climbing **yes / no** archery **yes / no** off road cycling **yes / no** travel by minibus **yes / no** Duke of Edinburgh’s Award **yes / no** **(**The British Mountaineering Council recognise that climbing and mountaineering are activities with a danger of injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement)
2. Achieving for Children recognise that the environment and activities have the potential to cause injury or death. Participants/guardians in these activities should be aware of and accept these risks and be responsible for their own or their child’s actions and involvement under the guidance of qualified staff. Please tick that participant or guardian agrees to this statement.
3. I have ensured that **I/they** understand the importance of safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
4. I accept that I may be required to bear the cost of any loss or damage that **I/they** cause which is not covered by the organisation’s insurance.
5. I agree that during the activities photographs may be taken of which **myself/my child** may be included and I agree for these photographs to be used in publicity used for the organisation.
6. I can confirm that **I /my child** is able to swim (or water confident) **yes / no** distance in meters

**Medical information:**This information is extremely important; please give as much detail as possible using a separate sheet if necessary.

1. Do **you /your child** suffer from any conditions requiring medical treatment, including medication? **yes / no**  
If yes, please give brief details:

2. Are **you/your child** currently taking medication or required to take medication on a regular basis? **yes / no**  
If yes please give brief details:

3. If the answer to the above question is yes, please state the name of the prescribed medication and how regularly it needs to be taken:

4. Do **you/your child** self-administer any such medication? **yes / no**  
If yes, please give brief details:

5. Have **you/your child** suffered from anything in the last four weeks, which may be or become contagious or infectious? **yes / no**  
If yes please give brief details:

6. Please give any additional information, which you would like us to have about **yourself/your child**.

7. Do **you/your child** have any special dietary requirements/food allergies? **yes / no**  
If yes please give brief details:

8. Please give details of **yourself/your child** family practitioner.

**Name:**       Telephone:

**Declaration**

1. I authorise a member of the organisation’s staff who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.

2. In the event of illness or an accident requiring emergency medical treatment, I agree to **myself/my child** receiving treatment including anaesthetic as considered necessary by the medical authorities.

3. I agree to this treatment being authorised by a member of the organisation’s staff, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required obtaining my signature might be considered by a doctor likely to endanger **my/my child’s** health or safety.

4. I do not agree to **myself/my child** receiving the following medical treatment:

5. I understand that approved staff and voluntary workers will take all reasonable care of **you/your child**, but cannot be held responsible for any loss, damage or personal injury suffered by them.

6. I agree to a copy of this consent form being kept for a period of 1 year for convenience should **I/my child** wish to attend another activity at Albany Outdoors. **yes / no**

**Signed**       **Date**

(Parent, Guardian, Individual over 18 years of age)

### Equal opportunities monitoring

The following information is used to help us meet the needs of all people who attend activities at Albany Outdoors.

Only complete this section if you wish to assist us in this way.

I would describe my ethnic descent as (please mark box appropriately)

|  |  |  |  |
| --- | --- | --- | --- |
| **White** | British  Eastern European  Irish  Other White background | **Mixed** | White and Black Caribbean  White and Asian  White and Black African  Other mixed background |
| **Asian or Asian British** | Indian  British  Afghan  Bangladeshi  Pakistani  Tamil  Other Asian Background | **Black or**  **Black**  **British** | Caribbean  African  British  Other Black background |
| **Other Ethnic Background** | Chinese  Korean  Middle Eastern  Gypsy/Traveller/Romany  Vietnamese | **Prefer**  **not to say** | (Unknown/Not specified) |

**Personal Information Policy**

Achieving for Children (AfC) respects your privacy rights and is committed to ensuring that it protects your details,   
the information about your dealings with AfC and other information about you available to AfC (your information).

AfC will use your information to:

* deal with your requests and administer its functions (to assist in providing you with youth services).
* meet its statutory obligations
* prevent and detect fraud
* conduct surveys and research

AfC may share your information (but only the minimum amount necessary to do the above and only where it is lawful to do so) with departments within Kingston and Richmond councils (including the elected members), central government departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.

You have a right to see your information (subject to certain exceptions and the payment of a fee). If you have any requests concerning your information or any queries with regard to AfC’s processing, please contact the**Youth Service** on **020 8547 6368**. Please also let us know if your details change by calling this number so that we can correct your information.