A.S. Activity Consent/Medical Form

This form must be completed by all participants, and signed by the relevant Parent/Carer for all young people under 18 years old, and returned to Adventure Sunderland Activities Centre prior to participating in any activities.

Details	of Participant: (BLOCK LETTERS PLEASE)		
Full na	ame Male/Female		Date of Birth
Addres	ss		Post Code
Home phone: Mobile		Email	
Emerg	ency contact: Telephone Number	r(s):	
_	ss if different to above: Doctor		
		v Name	y:
	Have you ever had or do you have?		IMPORTANT: if you answer 'yes', give details, including dates, (use back of form if necessary)
1	Heart trouble, angina, raised blood pressure?	ΥN	
2	Asthma, bronchitis, tuberculosis or other lung condition?	ΥN	
3	Diabetes?	ΥN	
4	Epilepsy, fainting attacks, migraine, severe head injury?	ΥN	
5	Nervous illness, depression or a psychiatric condition?	ΥN	
6	Allergic reaction (e.g. hay-fever, to medication or insect bites)?	ΥN	
7	History of broken bones, muscle or tendon/ ligament damage?	ΥN	
8	Hearing or visual impairments?	ΥN	
9	A tetanus injection? If so, state date of most recent?	ΥN	
10	Disability? (learning, autisium, physical)	ΥN	
11	Do you have, or suffer from any other diagnosed condition?	ΥN	
that the beforeh For wat the war long sle immers	activities can be physically demanding, therefore a satisfactory stary are fit enough to undertake the activity. If you are in any doubt alread. The er-based activities we suggest clothing which is warm and comforted mest option and that if you are expecting to be wearing a wet suit eleved top (preferably of synthetic material). Always bring at least ion activities, if you have waterproof clothing bring it with you. Den ar should be flat-soled shoes or old trainers (not latest designer)	able. W t you bri st one s im jeans	e recommend that a number of thin layers aring either swimwear or undergarments and spare set of clothing and a towel. For nones are not suitable for any water based activity
howeve	icipants on activities must comply with the Centre safety regulation or accept that the person in my care may be returned home, and/staff, they have behaved in a way which is unacceptable to Advent	or aske	d not to attend again, if in the opinion of th
whatso our neg	ure Sunderland Activities Centre, Sunderland Marina, MAC Trace ever in respect of personal injury, loss or damage incurred, while pligence. Please make sure that you or they do not bring any expense A.S. cannot be held responsible should they become lost or damage.	particip ensive it	ating in the activity, except where caused b
my beh require	event of the person in my care being taken ill or injured during an a alf any forms of consent (which may include anaesthetics) required to obtain my own signature might be considered likely, in the opiralth or safety of the person in my care.	ed by the	e medical authorities, provided that the dela
above r	m that I have read and understood the above statements, and tha named participating in the following activities at the A.S: Canoeing, poting, Climbing, Abseiling, Coasteering, Bell-boating, Beach Craft,	Kayakiı	ng, Surf Sports, Paddle boarding, Archery, A
Parent/C	Carer/Participant Name (as appropriate)		Date
Signed	(This needs to be the par	ent/care	er signature if participant is under 18yrs)
Very oc	casionally we have publicity photographs of Groups taken for mark	keting p	urposes. Please indicate below if you give

I am happy for the above named person to be included in Adventure Sunderland publicity photographs. Tick box

permission for the above person to be included in these photographs.