

Medical Questionnaire and Activities Consent Form



Participant Details

Name..... DOB..... Telephone Number.....

Address.....

Emergency Contact Details

Name..... Relationship to Participant.....

Telephone Number.....

- | | |
|---|--------|
| Dietary Requirements (if applicable) | Yes/No |
| Do you (or your child) suffer from any medical or emotional conditions we should be aware of? | Yes/No |
| Are you (or your child) currently taking any medication? | Yes/No |
| Do you (or your child) have any drug allergies? | Yes/No |
| Are you (or your child) allergic to insect bites/ stings/ other? | Yes/No |
| Are you or could you be pregnant? | Yes/No |
| Do you (or your child) suffer from any physical difficulties we need to be aware of? | Yes/No |

If the answer to any of the above questions is YES, please give details overleaf.

Please tick to confirm you (or your child) are the correct weight and height for your chosen activities

For sessions involving air rifle target shooting or clay pigeon shooting, please tick to confirm that you (or your child) is not prohibited from possessing a firearm by virtue of Section 21 of the Firearms Act 1968

Some of our activities take place in and around the water. How would you rate you (or your child's) confidence in the water? Please tick one of the following:

- a) Can swim 50m and is water confident
- b) Can swim 25m and is water confident
- c) Is water confident and can swim, but I'm not sure how far
- d) Is a non-swimmer and/or may not be confident in the water

NO ALCOHOL CAN BE CONSUMED 6HRS PRIOR TO YOUR ACTIVITY

Although we take all necessary steps to ensure all our activities are safe and run by qualified instructors, please be aware that you (or your child) are participating in high risk activities and accidents can occur. With this in mind you must accept a degree of risk with your chosen activity. Those with parental responsibility must also recognise a degree of risk when signing the consent form.

In the event of illness or accident I consent to any necessary medical treatment.

Participant Signature (18yrs +)Date

Parent/ Guardian SignatureDate

Marwell Activity Centre occasionally take photographs of participants. Please tick here if you do not give permission for us to take photos of you (or your child) for publicity purposes including our website & social media?

The information that you have provided will only be used in connection with your visit to Marwell Activity Centre. It will only be retained for as long as it is needed to ensure the safety of those attending and for the investigation and reporting of incidents. It will be securely disposed of afterwards in accordance with the Data Protection Act 1998