

SHADWELL BASIN OUTDOOR ACTIVITY CENTRE

9 to 18's CONSENT FORM 2015

MEMBERS DETAILS

Young Person's Name:		Date of Birth:	
Address:		School:	
Postcode:			
Telephone Home:		Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>

MEDICAL DETAILS

Doctors Name:		Tel:	
Address :			
Postcode:			
Does your child have any condition requiring medical treatment, including medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please give brief details:	
May your child be given medication for pain relief?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please give details:	
Does your child have any disabilities or special needs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please describe: (Use additional sheet if required)	
Is your son / daughter allergic to any medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, please specify:	
When did your son / daughter last have a tetanus injection? :			

PARENTAL CONSENT

I give consent for my son/daughter/ward to participate in the activities of the Shadwell Basin Outdoor Activity Centre, including daily activities at other places. I confirm that my son/daughter/ward is 9 years or over and that he/she can swim.

I give consent for photographic and film material taken during activities provided by the SBOAC to be used for the purpose of promotional material only.

I agree to my son/daughter receiving medication as instructed and to any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I will inform SBOAC if there are any changes to my child's medical or other circumstances.

Signature: (parent / guardian)		Date:	
Please print name:			
Parents email address:			

EMERGENCY CONTACT DETAILS (Person/s to contact in an emergency)

Name	Relationship to Child	Contact Number
Parent:	Mother / Father	

Leaving the site at lunchtimes

Young people are welcome to stay onsite at lunch times. If members wish to leave the site they must be in groups of three and let the instructor in charge know. For members who are aged 9 to 12, only those who have parental permission are allowed to leave the site.

Parent/guardian permission for junior members (9 to 12yrs) to leave site during lunch times.

I give my permission for my son/daughter to leave site during lunch times:

Signature:		Date:	
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YOUTH MEMBERS CODE OF CONDUCT

Please read through and make sure you understand this before signing below.

We want you to have a good time at the Centre and these basic guidelines are to ensure a safe and enjoyable experience for us all. Please act maturely about these guidelines, as we want to give you the respect you are worthy of. Members who don't follow these guidelines risk losing the opportunities available to members of the Youth Club and parents may be contacted if matters are considered serious.

- Please treat everyone with respect, bullying will not be tolerated.
- Racism and discrimination will not be tolerated.
- Swearing or inappropriate language will not be tolerated.
- Older members are expected to lead by example.
- Members should follow the instructions of staff at all times.
- Please focus on the aims and objectives of the sessions provided.
- Safety is an important part of our activities, please act responsibly.
- Pushing and shoving is not allowed at all.
- You are not allowed to walk off site during session times.
- Please ensure that you treat all equipment with care.
- Graffiti and litter are not welcome anywhere on site. Please clean up after you.

I agree to uphold this Code of Conduct set out for my enjoyment and safety whilst being a member of Shadwell Basin Outdoor Activity Centre. I realise that I have to make lots of effort to participate in all activities and be a productive member of the team. I understand that these are guidelines and that I should follow the leadership of all staff involved in the programme. I accept that not following these guidelines may affect everyone's experience including my own and that my behaviour may affect my participation in future sessions.

Member Signature:		Date:	
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MONITORING INFORMATION

This information will help us to fulfil our monitoring obligations. Please help us by completing this section.

How would you describe your child's ethnic origin, please tick:

1. English		8. Caribbean		15. White & Asian	
2. Scottish		9. African		16. Other dual nationality	
3. Welsh		10. Somalian		17. Other Black background	
4. Irish		11. Chinese		18. Other Asian background	
5. Bangladeshi		12. Vietnamese		19. Any other background	
6. Pakistani		13. White & Black Caribbean			
7. Indian		14. White & Black African			

Data Protection Act 1998

Information provided on this application form will be used only for the purposes of the SBOAC in compliance with the provisions of the Data Protection Act 1998.