



SEALYHAM ACTIVITY CENTRE

To be completed by everyone on activities (parent/guardian to complete if participant is under 18)

Full Name of Participant Attending..... Date of Birth

All persons taking part in sporting activities should be in good health and have a reasonable basic level of fitness. You must advise us in advance of any special needs or medical condition that might affect your child, you or any other person during the activities.

Details of any specific health problems, allergies, medication carried etc:

.....
.....
The nature of the activities we provide, along with the constantly changing environment (weather, sea conditions etc.) mean that there is an element of risk in the activities which can never be completely eliminated. Our instructional staff are professionals who operate according to the guidelines set down for each activity by individual governing bodies and our own in-house safety procedures. It is essential that your child listens carefully to what they say, and act upon their instructions. The instructors will abandon a session should the conditions, or the behaviour of an individual, compromise the safety of any members of the group.

I agree to and understand all of the above.

I confirm that I have parental rights/guardianship for children under 18.

All information will be stored on the Company database and will not be passed to any third parties

Signed **Capitals**

Date

Contact Telephone Numbers for the Day

Email Address:

Photos may be used for publicity purpose (website, flyers etc). If you would prefer you (your child)

not to be used in photos please tick the box

We would like to know where you heard about us please?