

Application and Adult Consent Form

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Note: This form is for use in conjunction with the relevant Conditions of Registration and Conditions of Use of Photography or Video.

Adult Consent Form (for participants 18 years and over)

Please complete all sections in Block Capitals, and return to club by 1 week before course. Signed form to be brought to event, or by scanning and emailing in advance.

Course at	• • • • • • • • • • • • • • • • • • • •	Club,
Starting	dd/mm/yy	yy (date)
Participant's details		
FIRST NAME	SURNAME	
FIRST NAME	SURNAME	
HOME ADDRESS		
DATE OF BIRTH		
Emergency contact		
FIRST NAME	SURNAME	
RELATIONSHIP TO PARTICIPANT		
CONTACT NUMBER DURING SESSIONS		
Medical information:		
	lun orum anny dia ahility/madiaa	l condition that
It is your responsibility to make may affect you during the activi	· · · · · · · · · · · · · · · · · · ·	
This information will be shared		, -
activity.	with those responsible for su	pervising the
uctivity.		
Are you a vegetarian		Yes/No
, ,		

Do you have any food allergies?

If **YES** please provide details:

Do you have a disability, learning difficulty or medical condition which

may affect your learning (ability to participate in practical or theoretical sessions)?

Yes/No



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Declaration of adult participant

Consent for use of images and data

I grant to the organisers the right to make, use and show within the event, any motion or still pictures of or relating to the event. Permission will be sought from the parent/guardian if and before any specific images are retained for more than 1 week or used for more public distribution.

I have read and understood the Conditions of Use of Photography or Video attached.

I authorise the organisers to store and use data gathered before and during the event, for publication as a summary of results and a separate list of participants.

Signed: (PARTICIPANT)	•••••
Name: (PLEASE PRINT)	

Please arrange for completed form to be presented before start time at the first session.