



Whitehaven Harbour Youth Project, Swingpump Lane, Whitehaven, Cumbria CA28 7LZ  
Tel: 01946 690404 Email: admin@whyp.org.uk

## **INFORMATION AND CONSENT FORM**

The Harbour Project operates under an Adventure Activities Licence (L9056/R0918) with qualified staff whom carry first aid qualifications. We aim to offer young people challenging situations in which to learn and develop. Challenge and safety are managed within a caring and supportive framework. Our staff are checked as suitable to work with young people.

We ask that you help us by please stressing to your child that they should listen to, and follow, staff instructions – with everyone's safety in mind.

The following consent form covers:

- Contact details
- Special medical condition, medication, dietary or behavioural needs
- Yours child's swimming ability
- Photographic consent
- Staff duty of care and responsibility

Please read, sign and return the attached form in order for your child to take part.

take part.



# Whitehaven Harbour Youth Project

“The Harbour” • Swingpump Lane • Whitehaven • Cumbria CA28 7LZ  
 Tel: (01946) 690404 • Email: admin@whyp.org.uk  
 Registered Charity No. 1120763  
 Company No. 6139222

## CONSENT AND INFORMATION SHEET 2011 - 2012

### CHILD/YOUNG PERSON'S DETAILS

Surname	First names	Date of birth	Gender
Address			
Postcode	Home Tel	Emergency Tel	

### HEALTH

Please note any medical or dietary conditions and any medication if necessary.

### EMOTIONAL AND BEHAVIOURAL DEVELOPMENT

Please note any behavioural issues or conditions that could potentially cause a barrier to participating.

### ENSURING SAFETY

Can your child swim 25 metres or more: Yes  No

### PARENTAL CONSENT

I agree to my child taking part in the activities with the Whitehaven Harbour Youth Project, to any photograph taken being used for promotional purposes and for emergency treatment being given, should the need arise.

I have read the information and understand that, while staff take all reasonable care, they cannot necessarily be held responsible for any loss, damage or injury.

Parent/main carer's signature

Date

Name of parent/carer