



CONSENT AND HEALTH INFORMATION FORM 2022

We must hold an up to date consent form for all activity participants. Please let us know if any of the details on this form change.

| Participant Details | | |
|--------------------------|-------------|----------------|
| Surname: | First name: | Date of birth: |
| Preferred name: | | Gender: |
| Address (inc Post Code) | | |
| Home Tel: | Mobile Tel: | Email: |
| Current School Attended: | | |

| Emergency Contact Details | |
|---|--------------------------|
| Surname: | First name: |
| Relationship to participant named on this form: | |
| Emergency Contact No. 1: | Emergency Contact No. 2: |
| Surname: | First name: |
| Relationship to participant named on this form: | |
| Emergency Contact No. 1: | Emergency Contact No. 2: |

| IMAGES (please delete as appropriate) |
|--|
| The participant named on this form CAN / CANNOT have their photographs/ videos used for publicity purposes. |

| MEDICAL DETAILS |
|---|
| Please note any medical conditions, details of medication, and emotional and behavioural needs. |

PLEASE TURN OVER FOR SIGNATURE PAGE

STATEMENT OF RISK

WHYP operates under an Adventurous Activities Licence, number R0918 / L25258, and as such delivers a range of outdoor and adventurous activities both at the WHYP premises and in various offsite locations. There is a risk of personal injury with all outdoor and adventurous activities. Parents, guardians and participants in these activities should be aware of and accept these risks and participants need to be responsible for their own actions. WHYP places safety as a top priority. Steps taken to minimise the risk in participation include:-

- Carrying out careful risk assessment of all risks before commencing the activity
- Only using experienced staff with the appropriate qualifications for the activity
- Giving clear safety instructions to everyone participating
- Ensuring equipment and clothing is well maintained and suitable for the activity and environment
- Ensuring activities are within the capabilities of the participants
- Asking participants to supply any medical information.

Text Local SMS Service We will add the primary contact numbers on this form to our Text Local service. If you do not wish to have your number added please let us know.

Can we add your number to Text Local SMS Service? Please tick to agree Yes No

This service is used for essential communication only and not marketing.

CONSENT

I agree that the participant named on this form can take part in activities run by the Whitehaven Harbour Youth Project. I understand that they will take part at their own risk and accept that no responsibility for accidents or injuries or loss or damage to personal property rests with the supervisory staff, unless proven to be caused by their negligence. I declare that to the best of my knowledge the person named on this form is medically fit to participate in the activities. I agree that medical treatment will be given if necessary and in case of emergency. I agree that sometimes the planned activity may need to be substituted with another activity due to safety factors or weather conditions.

Signed (Parent/Guardian if named person is under 18 years of age)

..... **Date**.....

Print Name (Parent/Guardian if named person is under 18 years of age)

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