



FULL NAME OF MINOR:

ADDRESS:

..... POSTCODE:

DATE OF BIRTH: SEX:

COURSE TITLE: COURSE DATE:

NAME OF LEGAL CUSTODIAN/GUARDIAN:

RELATIONSHIP TO MINOR:

TELEPHONE (MOBILE & DAYTIME):

Please give details of any dietary requirements (e.g. vegetarian, vegan etc.):

Please note that some of our courses are self-catering; please check the course details for further information.

Medical Information (all medical information will be treated with the strictest confidence):

NHS Number (if known): Blood Group (if known):

Please give details of any medical conditions, behavioural or learning needs which might affect your child's learning, safety or health on the course:

Does your child suffer from any condition requiring medical treatment? If yes, please also detail any prescribed medication:

Does your child suffer from any known allergies (incl. allergies to medication)? If yes, please give details:

Has your child received a Tetanus injection within the last ten years? YES/NO

In the event of a serious injury to your child, who should we contact?

Name: Contact number:

We may occasionally use images or video footage from our courses for promotional purposes. Please let us know if you are happy for photos or film images from your child's course to be used in this way. Yes No

I understand that by my child participating in the course and by signing this form on their behalf, I am declaring the following:

- my child is of sufficient physical fitness to participate in the course,
- I recognise that there are safety policies as set out by Woodlore Limited with which my child is expected to abide,
- I recognise that the course has inherent risks, including injury and possible loss of life,
- Woodlore instructors and assistants will not be liable to my child now or at any time in the future for any loss, expense, damage or claim that I might have against them for any damage to my child's property as a result of my child participating in the course, and,
- I agree to my child receiving emergency medical treatment, as considered necessary by the medical authorities present.

SIGNATURE:

DATE:

The information we have collected on this form will be used on the course by the course team for your child's safety, well-being and to enhance their experience with Woodlore. This information will be destroyed once the course has taken place.