Activity

	Please delete	Date:	
Surf Lesson / course	Yes / No		
SUP Lesson / course	Yes / No		

Details of participant

Emergency contact telephone details

Surname	Name
Forename	Relationship
Date of Birth	Home Tel:
Gender	Work Tel:
Address	Mobile Tel:
Postcode	Address
Mobile Tel:	
Home Tel:	
Email:	Post Code

Doctor's Information

Doctor	
Address	
Tel:	

Medical & Behavioral Information

	(
Please answer Yes or No to each statement about the participant	Please delete

Have you / your child had any serious illness within the last two months?	Yes / No
Are you / your child recovering from an accident, injury or broken limb?	Yes / No
Do you or your child have epilepsy, seizures, convulsions or absenting?	Yes / No
Diabetes?	Yes / No
Asthma?	Yes / No
Heart condition?	Yes / No
Any allergies, including historical reactions to medication?	Yes / No
Any medical including historical, behavioural or other condition which may have impact?	Yes / No
Is the participant taking any medication?	Yes / No

If the answer is yes to any of the questions above or if there is any other relevant information which will enable us to support and care for you / participant during the activity please give details here or email us further information.

Have you / participant had a tetanus injection?	Yes / No / Unknown	Date if known	
Do you consider yourself / participant medically fit?	Yes / No		

Swimming and Water Confidence

Ability & confidence of participant	Please delete as appropriate		
Swimmer (at least 25m)	Yes / No		
Water confident	Yes / No		

Consent

I consent that either I or my child may take part in this activity and that the information provided in this form is accurate at the time of signing. I consent to either myself or my child receiving emergency dental, medical or surgical treatment, including anesthetic or blood transfusion as considered necessary by medical authorities in the event of an emergency. (Please delete and initial any of the above you do not wish to give consent to).

Name	Signature	
	Date	

Consent to use images & photographs

Whitby Surf School use both still and video images both for teaching purposes and for the purpose of producing publicity information both in hard copy and on-line on websites and social media. Collections of images may also be available at the end of activities for a memento. Such images will **NOT** be used for anything that may cause offence, embarrassment, or distress to a participant and will **NOT** identify participant by name, unless permission has been sought.

I give consent for Whitby Surf School to take, store or use images of myself / my child			Please delete
Images being used for memento purposes for all participants being available for a limited time period on the website.			Yes / No
Images being used in publicity materials including online websites and social media			Yes / No
Name	Signature		
		Date	