

**** **Registration/Consent Form**

***For under 18s this form must be completed and signed by a parent or guardian***

|  |  |
| --- | --- |
| **School / Group Name** |  |
| **Date of Course/Activity** |  |

**Details of participant (Complete in block capitals please)**

|  |  |
| --- | --- |
| **Surname** |  |
| **Forenames** |  |
| **Date of birth** |  |
| **Gender, How you prefer to identify yourself**  |  |
| **Tele/Mob no.** |  |
| **Home address** |  |
| **Postcode** |  |
| **Email address** |  |

**Data Protection**

Simonside OA collects the information on this form to ensure the safety and wellbeing of course participants.

We will not share the information with anyone - except medical professionals in the event of a need for treatment.

The information will be securely stored at the centre during the course and afterwards will be scanned and stored on the South Tyneside Council secure servers.

Information provided on this form will be kept for the time required by the Limitation Act 1990. (I.e. 7 years for adults, until a young person reaches the age of 25, or for 99 years in the case of Looked After Children.) The original paper copies will be destroyed after 3 years. If you wish to access the personal information that we hold you should contact South Tyneside Council Information Governance, data.protection@southtyneside.gov.uk Telephone: 0191 424 6539

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Next of Kin** | **Alternative emergency contact (Include relationship to participant)** | **Your doctor** |
| **Name**  |  |  |  |
| **Address** |  |  |  |
| **Tel No.**  |  |  |  |
| **Mob no.** |  |  |  |

**If you are participating in Water Activities**

|  |  |
| --- | --- |
| **Are you water-confident?** | **Can you swim?** |

**Photo / video / quote consent**

During your course / activity, South Tyneside Council may take photographs, video or quotes to be used by South Tyneside Council and / or Partners for; funding applications, marketing, evaluations, reports, press releases, websites and social media (Facebook, X, Instagram, Snapchat and TikTok) etc. Your child’s photo, video or quote will be held in accordance with the Data Protection Act and the General Data Protection Regulation.

You can contact South Tyneside Council at any point and ask us not to use your photographs, video or quote for any new purposes. If you withdraw your consent South Tyneside Council and partners will stop using the photographs, video and quotes, in which case they will not be used in future publications but may appear in publications already in circulation.

**Please tick this box if you give permission for photos, videos and / or quotes to be taken and used**

**Continued overleaf.**

Do you suffer from any of the following? Please answer the questions fully, honestly and give details**.**

**If you need more space to include details please attach a separate sheet. We may give you an additional**

**medical form to assist in this**

|  |  |  |  |
| --- | --- | --- | --- |
| Heart trouble, angina, raised blood pressure? | **Y/N** | Severe hearing / visual impairments? | **Y/N** |
| Asthma, bronchitis, tuberculosis or other lung condition?  | **Y/N** | Bladder / urinary problems? | **Y/N** |
| Are you overdue a tetanus injection?  | **Y/N** | History of epilepsy, fainting attacks, migraines or have you ever suffered a severe head injury?  | **Y/N** |
| Diabetes?  | **Y/N** | Have you been treated by a doctor or in hospital within the last 2 years for anything other than a trivial complaint?  | **Y/N** |
| Nervous illness, depression or other psychiatric condition?  | **Y/N** | Are you suffering from, or are you a carrier of any infectious diseases or have you travelled from an area where you have been exposed to these? Inc. COVID 19. | **Y/N** |
| Allergy to foods [e.g. nuts, dairy produce, etc]?  | **Y/N** | Do you have, or suffer from any other diagnosed condition or is there anything else you wish us to know about?  | **Y/N** |
| Other allergic reaction [e.g. hayfever, reaction to medicine or insect bites]?  | **Y/N** | Do you have any special dietary requirements [e.g. vegetarian, vegan or halal]?  | **Y/N** |
| Recent history of broken bones, muscle tears or tendon / ligament damage?  | **Y/N** | If female, do you know or suspect that you are pregnant? If so, state at what stage you will be when starting your course | **Y/N** |
| Stomach / digestive / abdominal problems?  | **Y/N** | Are you taking any medication? If so, please state the condition being treated, name the medication, state the dosage  | **Y/N** |
| Blood disorders?  | **Y/N** | Are you happy to receive some medication? (Allergy relief, Paracetamol, travel sickness)Please indicate: | **Y/N** |
| Any other physical/medical/behavioural/emotional condition or other useful information? |

PLEASE NOTE: If there are any changes to the above, you must inform the centre immediately. If at the start of the course activity it is found that information has not been given correctly South Tyneside Council reserves the right to refuse participation.

**Safety and acknowledgement of risk**

The risk of serious injury to participants is extremely small but it is not non-existent. We take a great deal of care of participants’ safety. However, as in any adventure activity, there will be some factors beyond our control. Participants will be briefed before every activity and are expected to follow the safety procedures explained to them and to indicate if they are unsure of what is expected of them. Participants are never forced to do an activity and if any participant has concerns they should make these known to their instructor. The level of risk associated with adventurous activities is normally very low, and probably no greater than that experienced by active people in everyday life.

**I DECLARE THAT ALL MEDICAL AND ENROLMENT INFORMATION ON THESE FORMS IS TRUE AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION AND I UNDERSTAND AND ACCEPT THE ABOVE SAFETY AND ACKNOWLEDGMENT OF RISK STATEMENT.**

**In signing for a participant who is under 18, you endorse the following statement:**

“I consent to the above named person participating in the course/activity and consent to him / her taking part in all activities. In the event of an emergency and South Tyneside Council being unable to contact me, I give permission for any medical treatment deemed necessary, to maintain his / her well-being.”

**Signature:**

**Print name:**

**Relationship to participant: Date**: