



ALBANY PARK CANOE AND SAILING CENTRE
Medical/Consent Form



Name _____

Date of Birth _____ Age _____ Male/Female (delete)

Full
Address _____

_____ Postcode _____

In case of emergency
Tel. No. during activity _____ Other _____
(Not your own no.)

Course Name _____

Email address _____

We would like to add your email address to our electronic address book to be used to keep you informed of forthcoming activities and offers, at Albany Park only. Please tick here if you DO NOT agree to this.

Activity Information

- I understand that Watersports activities are classed as dangerous sports.
- I am confident in deep water and I am physically fit to take part in the above course/activities.
- I have ensured that I understand the importance for my safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
- I accept that I may be required to bear the cost of any loss or damage that may be caused which is not covered by the organisation's insurance.
- I agree that during the activities photographs may be taken of which I may be included and I agree for these photographs to be used in publicity used for the organisation.
- I can confirm that I am confident in deep water, whilst wearing a buoyancy aid or lifejacket

Medical Information –

This information is extremely important, please give as much detail as possible using a separate sheet if necessary

1. Do you suffer from any conditions requiring medical treatment, including medication?
YES/NO – If yes please give brief details: _____
2. Are you currently taking medication or required to take medication on a regular basis?
YES/NO – If yes please give brief details: _____
3. If the answer to the above question is yes, please state the name of the prescribed medication and how regularly it needs to be taken:

4. Do you self-administer any such medication?
YES/NO – If yes please give brief details: _____
5. Have you suffered from anything in the last four weeks, which may be or become contagious or infectious?
YES/NO – If yes please give brief details: _____
6. Please give any additional information, which you would like us to have about you

7. Do you have any special dietary requirements/food allergies?
YES/NO – If yes please give brief details: _____
8. Please give details of your Practitioner
Name _____ Telephone _____

CONTINUES OVERLEAF



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DECLARATION

1. I authorise a member of the organisation's staff who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.
2. In the event of illness or an accident requiring emergency medical treatment, I agree to receive treatment including anaesthetic as considered necessary by the medical authorities.
3. I agree to this treatment being authorised by a member of the organisation's staff, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required obtaining my signature might be considered by a doctor likely to endanger my health or safety.
4. I do not agree to receive the following medical treatment:

5. I understand that approved staff and voluntary workers will take all reasonable care of me but cannot necessarily be held responsible for any loss, damage or personal injury suffered by myself

I also agree to bear the cost of any loss or damage caused by myself, which is not covered by the Organisation's insurance.

Signed _____ Date _____

Equal Opportunities monitoring

The following information is used to help us meet the needs of all people who attend activities at Albany Park. Only complete this section if you wish to assist us in this way.

I would describe my ethnic decent as (please tick appropriate box✓) :-

White British	White Irish	White Other			
Black Caribbean	Black African	Black British	Black Other		
Asian Indian	Asian Pakistani	Asian Bangladeshi	Asian British	Asian Other	
Mixed Race	Oriental	Other Ethnic group	Decline to answer		

