

1a Enrolment form

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

Course details

Course location Course dates Year

Course title or school/organisation

Details of participant (Complete in block capitals please)

Surname Forenames

Date of birth Male / Female

Home tel. no. Email address

Home address

..... Postcode

Height Weight Shoe size

Can you swim 50 metres in light clothing? Yes No

To which of the following ethnic groups do you belong? *[for monitoring purposes only]*

Bangladeshi Pakistani Indian Black African Black Caribbean Black White

Other, please specify

Are you a refugee or seeking asylum? Yes No Is English your second language? Yes No

Important contacts

	Emergency contact <small>[include relationship to participant]</small>	Alternative emergency contact <small>[include relationship to participant]</small>	Your doctor
Name
Address
Tel No.
Mobile No.

During your course, The Outward Bound Trust may be taking photographs or video clips to be used in the Trust's and the Trust's supporters' marketing material, course reports and websites.

Please tick this box if you would prefer not to be included

As a course participant, please keep me updated on offers, courses and other news from The Outward Bound Trust

1b Medical information

Medical information

Do you suffer from any of the following? Please answer the questions fully and honestly, giving details where appropriate. If you need more space to include details please send on a separate sheet.

Heart trouble, angina, raised blood pressure? 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? Y/N
Asthma, bronchitis, tuberculosis or other lung condition? 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
Are you overdue a tetanus injection? Y/N	Are you taking any medication? If so, please state the condition being treated, name the medication, state the dosage, and ensure that you bring enough. Y/N
Diabetes? 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
Nervous illness, depression or other psychiatric condition? 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
Allergy to foods [e.g. nuts, dairy produce, etc]? Y/N	Do you have any special dietary requirements [e.g. vegetarian, vegan or halal]? Y/N
Other allergic reaction [e.g. hayfever, reaction to medicine or insect bites]? Y/N	PLEASE NOTE: If there are any changes to the above, you must inform the appropriate centre immediately. If at the start of the course it is found that information has not been given correctly The Outward Bound Trust reserves the right to refuse participation.
History of broken bones, muscle tears or tendon / ligament damage? Y/N	
Stomach / digestive / abdominal problems? Y/N	
Blood disorders? Y/N	
History of epilepsy, fainting attacks, migraines or have you ever suffered a severe head injury? Y/N	
Severe hearing / visual impairments? Y/N	
Bladder / urinary problems? Y/N	

1c Consent

Safety and acknowledgement of risk

We have more than 60 years experience in providing adventurous activities and consider our safety arrangements to be at the forefront of the adventure activity industry.

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 Outward Bound 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 and consent to him / her taking part in all activities. In the event of an emergency and The Outward Bound Trust 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