



Form OA4



**ACTIVITY PARTICIPATION FORM FOR PERSONS USING TRINITY HALL SKATEPARK (if under 18 years of age must be by Parent/Guardian/Carer )**

Please complete this form as fully as possible. This information is important and will be treated as confidential by Leaders and Organisers.

Surname ..... Forename .....

Address .....

..... Postcode .....

Telephone ..... Sex (M/F) .....

Date of birth ..... Age .....

Email address.....

Name of centre or project: Source Skatepark, Trinity Hall

Dates: Variable/various sessions at Trinity Hall 2009 onwards

Activity: Using indoor skateboard facility by means of BMX/Skateboard, Trinity Hall, Braybrooke Terrace, Hastings, East Sussex.

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Surname ..... Forename .....

Address .....

..... Telephone .....

Please give additional contact numbers in case of emergency .....

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**The following information is required to help youth workers/Trinity Hall staff have relevant information on health, safety and welfare of the participants throughout the activities and whilst they are at Trinity Hall. The organisers may feel it necessary to contact you for further advice and guidance. All information will be strictly confidential. Please complete this section as fully as possible.**

**Please give full details of any:-**

1. Disability .....

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2. Injury or illness suffered in the last four weeks .....

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3. Medical conditions (e.g. allergies, epilepsy, asthma, diabetes, travel sickness) .....

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4. Medication and/or medical treatment which you receive for the above or any other medical condition (e.g. specify type of medicine and/or treatment and how often this needs to be taken)

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5. Special dietary needs (e.g. vegetarian, food/nut allergies) .....

Please give the child's/your Doctor's details

Name ..... Telephone .....

Address .....

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Please give any other information, which you feel is relevant to your child's health, safety and welfare, e.g. any emotional/physical difficulties such as hyperactivity, recent bereavement or trauma, non-swimmer etc

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DO YOU GIVE CONSENT FOR THE PARTY LEADER OR AGREED DELEGATED ASSISTANT TO ADMINISTER/MANAGE MEDICATION REGIME AND TO AUTHORISE MEDICAL TREATMENT FOR YOURSELF/YOUR CHILD SHOULD IT BE DEEMED NECESSARY AND PROVIDED THAT THE DELAY REQUIRED TO OBTAIN YOUR SIGNATURE MIGHT BE CONSIDERED, IN THE OPINION OF THE DOCTOR OR SURGEON, LIKELY TO ENDANGER YOU/YOUR CHILD'S HEALTH AND SAFETY.

IN CASE OF AN EMERGENCY, EVERY EFFORT WILL BE MADE TO CONTACT YOU.

PLEASE CIRCLE YES NO

Should any pictures/video footage be shot whilst using Trinity Hall and In the event of any promotional/publicity activity in conjunction with the project being held, do you consent to your/your child's image being provided for this purpose.

PLEASE CIRCLE YES NO

I understand and accept that, in the event of my/my young person's behaviour adversely affecting the safety of the activity, the staff of The Source, Trinity Hall reserve the right to exclude the young person from the facility. I acknowledge Skateboarding and BMX are hazardous activities. All members are strongly recommended to wear full protective clothing –, kneepads, wrist guards and elbow pads due to the hazardous nature of the activities. Helmets are compulsory for young people aged below 16 years old.

I declare that the information on this form is correct to the best of my knowledge and understanding.

Signed ..... Parent/Guardian/Carer

Date .....

VATNO: 191 8037 54

