

**CLYNE FARM CENTRE  
ACTIVITIES REGISTRATION FORM**



For participants under the age of 18; the participants' parent or guardian must sign this form.

**About You (or the participant you are signing for)**

<b>First Name:</b>		<b>Surname:</b>	
<b>Tel (Home):</b>		<b>Tel (Mobile):</b>	
<b>Email Address:</b>			
<b>Home Address:</b>			
<b>Date of Birth:</b>	<b>Age:</b>	<b>Height:</b>	<b>Weight:</b>
<b>Doctors Name &amp; Surgery:</b>		<b>Doctor Tel:</b>	
<b>Emergency Contact Name:</b>		<b>Emergency Contact Tel:</b>	
<b>Emergency Contact Relationship to You:</b>			

**Have you ever suffered a serious injury or discomfort whilst taking participating in activities, or been advised not to participate?**

Yes  No  If Yes please describe;

**Please detail any disability or medical conditions/medication that may affect your ability to participate in activities.**

This may include but not be limited to any back problems and any conditions, which can affect balance or cause blackouts/loss of consciousness/fitting and so on (eg, asthma, diabetes, epilepsy, heart condition). Include any details of which your instructor should be aware of in case of an emergency:

**Your Ability (or the participant you are signing for)**

**Can you swim 50m?** Yes  No

**Declaration**

- I confirm in that to the best of my knowledge all of the above details are correct.
- I understand that I must obey the Health and Safety requirements of the Centre.
- I understand that participating in activities at any standard has inherent risk and that I could be injured. I accept that risk and agree that the Centre will not be liable for any injury, or damage to property unless it is caused by their negligence.
- Where I am signing on behalf of a minor I have explained this to the child and we both accept the risk and agree that the Centre will not be liable for any injury, or damage to property unless it is caused by their negligence.
- I understand the Centre's booking and cancellation policy and agree to abide by it at all times.
- Data Protection Act 1998 Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to insurers and other concerned parties in the event of any injury or accident.
- We may take photos during your time at Clyne Farm Centre to use in our marketing and social media. If you do not give permission for us to use these photos and information please tick here:
- If you do not wish to receive news and special offers via email and/or mail please tick here:

**Signature:**

**Print Name:**

**Relationship to participant you are signing for:**

If applicable.

**Date:**

**OFFICE USE ONLY**

**Notes:**