

Canoe Kayak Trader Ltd

Warwick Boats, St Nicholas Park, Warwick, CV34 4QY

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www.canoeKayakTrader.co.uk

Birthday Party Consent Form

Childs' Name:		Age:		Date of Birth:	
Address:					
		Postcode:			
Tel:		Mobile:			
Email:	Check box if you do not wish to receive course info e-mails <input type="checkbox"/>				

Party Date:		Time:	
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Emergency Contact:			
Name:		Tel:	

Medical Conditions

Do you have any relevant health/medical conditions such as injuries, allergies, heart conditions, bone/spine complaints or the taking of prescription medicines?

- NO – please sign at the bottom of page.
 YES – please give relevant details below, and fill in your doctor's details.

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Dr's Name:		Tel:	
Dr's Address:			

- I consent to take part in the course/activity named above. I have no known medical condition that would put me at risk from taking part. I have listed above any medical condition that I feel is important for you to know. I understand that, while all efforts will be made to ensure my safety, canoeing/kayaking can be a hazardous activity & that sometimes bumps & scrapes can occur. I understand it is important to wash hands thoroughly after any water sport. Members of staff cannot necessarily be held responsible for any injury suffered, or loss or damage to personal property, during the course.
- In the event of illness or any accident requiring emergency hospital treatment I authorise the qualified coaches to sign on my behalf any form of consent required by hospital authorities as a matter of urgency.
- Occasionally we take photos of our activities. By signing below we ask for your consent, under the Data Protection Act, for Canoe Kayak Trader to use any images taken for publicity & marketing purposes only.

• Signed..... Date.....

• Parent/Guardian must sign if participant is under 18 years old.