

Booking Ref
KC060417

Bryson LaganSports

13 Ravenhill Road, Belfast, BT6 8DN
Tel: 02890 461 711 E-Mail: info@brysonlagansports.org

Personal information that you supply to us will be treated with the strictest confidence and held securely in line with the Data Protection Act 1998. It will only be used to ensure a safe and enjoyable activity or in the case of an emergency. We will not disclose your information to any company outside of Bryson LaganSports and will ensure that it is disposed safely and securely when no longer required.

We would like to send you information about our services by email or post, if you **DO NOT** agree to being contacted please tick the box.

Personal Details

Name:	_____	Email:	_____
Address:	_____		
Date of Birth	_____	Age:	_____
Home Tel:	_____	Mobile Tel:	_____

Person to Contact In An Emergency

Name:	_____	Email:	_____
Address:	_____		
Home Phone	_____	Work Phone:	_____
		Mobile Phone:	_____

Medical Statement:

Do you have any of the following? (If yes please circle)		
Any major illness (please detail below)	Recent injuries / operations	
Blackouts /Headaches /Migraine /Dizziness	Epilepsy	
Allergies to bites / Food /Medicines	Diabetes	
Asthma /Bronchial Illness	Heart Complaints	
Pregnancy	Back /Neck Complaints	
Do you have any other condition requiring regular treatment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Details of the above or any other condition _____		
Details of any Medication or dietary needs _____		
If you have indicated on this form that you have Asthma or need an inhaler for any reason you must bring this with you on your activity! If you do not have your inhaler, you will not be allowed to take part in the planned activity. If your circumstance is that you will not be bringing your inhaler please state the reason here. _____		
Signed (parent/guardian if U16) _____		
(Please bring any medication/inhalers etc. with you on the day)		
I consent to emergency medical treatment being given if deemed necessary during the course of these activities	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I can swim 50m (i.e 2 lengths of the swimming pool) This is for information only and may not be essential.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you any known medical problems that might prevent emersion in cold water?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Medical Practitioner Details

Name of Doctor:	_____
Address:	_____
	Telephone No.: _____

Declaration / Suitability to Participate. Signed by PARTICIPANT or Parent / Guardian

I the undersigned give permission for _____ to take part in any Activities run by Bryson LaganSports, and to the best of my knowledge, the above details are correct.

I understand that all Outdoor Adventure Activities have a certain amount of risk of personal injury involved. I understand that Bryson LaganSports has undertaken full risk assessments on all activities and have taken every effort to minimise these risks, however I am aware that all risk cannot be eliminated and that it may still be possible for an accident to occur which may not have been foreseen.

I confirm that professional medical advice has been sought regarding any relevant medical condition mentioned above and that the person to whom this form relates is suitable to participate.

SIGNED DATE

By participants if over 16, if under 16 by Parent / Guardian

For training and marketing purposes, staff may take photographs during activities. If you **DO NOT** want to be photographed, please tick the box