



WILD ABOUT
Wales

EXTRA GROUP
MEMBERS FORM

Name of Activity Challenge

Date of Challenge

CLIENT DETAILS

Title First Name (s) Surname

Address

.....

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.....Postcode.....

Email Address

Telephone Number

Next of KinRelationship.....

Telephone number.....(on the day of the activity challenge)

MEDICAL INFORMATION (of Lead Client)

Have you been hospitalised during the last 12 months?	Yes/No
Have you received Doctors treatment during the last 12 months?	Yes/No
Are you receiving or waiting for hospital treatment?	Yes/No
Have you suffer from any allergies?	Yes/No
Have you ever suffered from; heart disease, high blood pressure, asthma, epilepsy, diabetes?	Yes/No
Are you taking any drugs or other medication?	Yes/No
Have you ever had any problems with your back and or joints (eg. Knees etc)?	Yes/No
Is there anything else you feel Wild About Wales should be aware of?	Yes/No

If you have answered YES to any question, please give details in the box below. Please continue on the back of this form if required.

MINIMUM AGE

Some of our challenge activities have a minimum age, but this depends on a child's experience and ability. Under 18's must be accompanied by an adult unless previously agreed with Wild About Wales as we are AALA registered * (Adventure Activities Licensing Authority). Written permission

must be provided by a parent / guardian, for each for each participant under 18.

PARTICIPATION STATEMENT

Wild About Wales recognises that the mountain and other outdoor challenge activities we run do so with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement.

CONSENT FOR THE TAKING AND USE OF PHOTOGRAPHS

Instructors may take photographs of you or your children during the activity. Photographs will only be used for future publicity and social media and never given to any third party. If you DO NOT consent to you or your child’s photograph being taken please tick here

BOOKING FORM DECLARATION

- 1. I have read the Participation Statement above and acknowledge and accept the dangers associated with outdoor activities.
- 2. I have read and accept the Booking Conditions overleaf.
- 3. I am suitably equipped and fit for the activity.
- 4. I have declared any pre-existing medical conditions but do not believe that these will affect my ability to complete the activity challenge.

Signed:
Print name:.....Date:.....
Relationship to child:.....

