

| This form m organised b | ust be cor y Dukes E | mpleted b Barn. All ir | y the pare | ent or | guardian ained in th | of any pais form | person unde | er the age | of 18 b | pefore t | they may participate in ar | ny activities | |
|---|--|--|---|-------------------------|---------------------------|--------------------|---|------------------------------|--------------------------------|---------------------|--|-----------------------|--|
| Organisation | | | | | | 10111 | wiii be tiea | ieu as co | muenu | aı | | | |
| Date of visit | | | From: To: | | | | | | | | | | |
| Participants | First Nam | e: | | - | | | 1, | | | | | | |
| Date of Birth | | | | Age | | | Last name | | | | | | |
| Address: | | | | rigo | | | Gender | Ma | ale / Fe | male | | | |
| Parent/Guard | dian name | e: | | | | | | | | | | | |
| Home ® | | | | Work 🕾 | rk 🕾 | | | Mobile ® | | | | | |
| Emergency | Contact I | Details | | | TTOIL 🗀 | | | | IVIOD | ile 🕾 | | | |
| Full Name | | | | | | | ~ | | | | | | |
| Home ® | | | | | Work 🕾 | T | | | Mobi | lo 🕯 | | | |
| | | | | | | M | IEDICAL | | | | n activities including med | | |
| circumstance Please send | s betweer medicatio | n the date n in pharr | signed a nacy labe | nd cor lled co | nmencen ontainers | nent of with na | the visit. ame and dos | age requ | ired. | as pos | n activities including med sible of any changes in n | nedical | |
| DtN | | | | (* (* | - | | | | | T | Tick if continued or | verleaf 🔲 | |
| Doctors Name: | | | | | | Do | | | s 🕾 | | | | |
| Doctors add | ress: | | | | | | | | | | | | |
| Declaration Most courses make those ac is a quality ma | | | | | | | | | | | nd fully accept, a duty of ensive set of safety rules | care to | |
| 1999 B | enturous a | activities a | re inhere | ntly ha | azardous | and ca | nnot be see | s are aon | erea to | | er hard we try. Accidents | | |
| Moreover, the help our staff to reckless by try | environmo look afte ing to do it this way. | ent at the er their sa nore thar The Cent | Centre is fety by lis they have tre can ac | such tening e bee | that we concerning | annot " to inst | fence off" al | doing wh | at they | are as | ur son or daughter must t ked to do and by not beir onfident that they will bet roperty or for personal inj | ng | |
| l understand a any special me | nd accept edical con | the abov | e stateme at might a | ents. M | My son or ny son's c | daugh r daug | ter is fit for t hter's safety | he course | e and w | /ill infor | m the Centre before the | course of | |
| Signature of Pa | | | | | | | | | | | | | |
| Sometimes, du used for our ow objection to phonaking use of a | otographs | being us | ed in this | wav r | es Barn, p on static o | display: | OGRAPHS s are taken o s, website, in ow by signing | of young proformation below. | people in leafle You car | enjoyin ets or a | g themselves. These ma nnual reports. If you have sured we would never co | y be no onsider | |
| Signature of Pa | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |