

# ACTIVITY CONSENT FORM

Under 18s

## John Nike Leisuresport Complex – 15<sup>th</sup> May 2010

Please complete below fully in BLOCK CAPITALS

Brownies Name: \_\_\_\_\_

Brownie Unit : \_\_\_\_\_

I \_\_\_\_\_ agree that my daughter/ward named \_\_\_\_\_ may attend the Brownies Takeover the John Nike Leisuresport Complex on Saturday, 15<sup>th</sup> May 2010. I enclose the fee of £17.95. I give permission for photographs/video footage of my daughter/ward to be used in Girlguiding UK publicity, publications, website or media press releases.

### Emergency Contact Details

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Mobile: \_\_\_\_\_

To help this event run successfully, it is important to know of any conditions/special needs which have to be met.

Does your daughter/ward have any allergies or dietary requirements? If yes, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

Will your daughter/ward be taking or possibly need to take any medications on the day. If yes, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

\* Delete as appropriate

Does your daughter/ward have any other needs/medical conditions that we should be made aware of to make their day more enjoyable and to enable them to participate fully? If yes, please provide details.

\_\_\_\_\_  
\_\_\_\_\_

During this day your daughter will be attempting several adventurous activities. To enable your daughter to participate in these activities we require your consent. Please read the statements below, then complete which activities your daughter will or will not be able to participate in, then sign and date the bottom of the form.

|                      |           |
|----------------------|-----------|
| Dry Slope Ski Lesson | YES / NO* |
| Ice Skating          | YES / NO* |
| Sno-Tubing           | YES / NO* |
| Broomball            | YES / NO* |

(Please discuss the above with your daughter, so that she is aware of any activity that she will be unable to participate in.)

Can your daughter ski? YES / NO\*

If yes, can she control her speed and direction using a snowplough turn and stop?  
YES / NO\*

Shoe Size: \_\_\_\_\_ Height: \_\_\_\_\_m

I give permission for any emergency dental, medical or surgical treatment including anaesthetic, as considered necessary by the medical authorities present.

Signed: \_\_\_\_\_ (Parent/Guardian)\*

Date: \_\_\_\_\_