

Be More Outdoors registration form

To be completed by or on behalf of any attendee of a Be More Outdoors session

Attendee name..... D.O.B

Carers name (where appropriate)

Carer relationship

Your telephone number

Emergency contact number

Family doctor contact number
(In case anything happens to you or your child while participating in a Be More Outdoors session)

Your address

.....Postcode.....

Your email address

Kirklees Priority Passport Number (if applicable).....
(Being a Kirklees Priority Passport holder entitles you to a 50% reduction for your family)

Indemnity Statement.

Taking part in Be More Outdoors sessions is conditional on individuals recognising that these activities are activities with a danger of personal injury or death both to themselves and other people. Participants shall be aware of and accept these risks and agree to be responsible for their own actions and involvement and that of their charges. I give permission for any emergency medical advice or treatment as considered necessary by medical authorities present

I declare that in the event of any claim of compensation for an incident, the claim will only be against another party directly involved in that incident. No compensation will be sought from Be More Outdoors volunteers or staff unless they are found, by law, to have acted in a negligent or illegal manner. It must be remembered that safety is the responsibility of ALL participants who are each responsible for the safety of themselves, their charges and other participants. All safety rules and procedures must be followed. Any hazards found in on the site must be reported to staff or session volunteers who shall take all reasonable steps to ensure that the hazard is dealt with in the appropriate manner.

PTO

Be More Outdoors
Slaithwaite Civic Hall
New Street
Slaithwaite
Huddersfield
HD7 5AB

Tel: 07980 898113
info@bemoreoutdoors.org

By submitting your email address you are agreeing to be contacted by the Be More Outdoors charity. This contact will be restricted to the arranging and administration of sessions and the promotion of events run by Be More Outdoors charity. If you do not want to be included on the Be More Outdoors mailing list, please put a cross here

*Session fees include a voluntary **Gift Aid** donation of 10%. If you do not wish to Gift Aid this amount or are ineligible for Gift Aid, please put a cross here*

***Please note that images circulated through social media are not private.**

Please note that data from this form will be stored electronically and will only be accessed by practitioners, the Chair of Trustees or the Charity Secretary as part of the normal running of BMO sessions.

**Data protection applies
Data Protection Act 1998**

Be More Outdoors registration form continued

Please use this sheet to detail any medical conditions, allergies or phobias that your child may have that you feel we should be made aware of. Data protection and confidentiality applies.

Medical conditions, behavioural issues or additional needs:

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Allergies or phobias:

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.....

Medication (e.g. inhaler, EPI pen):

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.....

Dietary requirements (Vegan, Halal – **حلال** etc.):

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.....

I declare that I have read and agree to the content of this document. I have discussed the content with my child(ren) where appropriate and made them aware of their responsibilities and I agree that I am responsible for the care and wellbeing of my child(ren) at all times.

Signed: Date:

******Please circle where appropriate******

I do / do not give permission for my child’s image to be used in reports or publicity for the Be More Outdoors charity. This publicity may include promotion through the Be More Outdoors blog, Facebook, Twitter or other social media. If you do not wish to have either you or your child included in such promotion, please ensure that you ask staff, volunteers and other participants not to include you or your child(ren) in any photos taken at the beginning of each session.*