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Participants Application Form

Easter Residential Adventure Camp – Wed 19th April until Fri 21st April 2017

**Participants Person Details:**

Name:

DOB:

Age:

Gender:

Address:

School:

**Contact details in the event of an emergency:**

Contact 1:

Telephone Number:

Mobile Number:

Contact 2:

Telephone Number:

Mobile Number:

Email address:

**To assist us in ensuring your child’s/children’s safety and wellbeing, please answer the following questions**:

Does your child have diabetes? **Yes/No**

Does your child suffer from asthma? **Yes/No**

Does your child suffer from back or joint problems? **Yes/No**

Does your child suffer from any heart problems? **Yes/No**

Does your child suffer from epilepsy? **Yes/No**

Does your child suffer from dizziness or vertigo? (Please specify) **Yes/No**

Does your child suffer from any behavioural problems? **Yes/No**

Has your child every suffered a fracture? **Yes/No**

Has your child’s doctor advised them to limit or avoid certain types of physical activity? **Yes/No**

Is your child currently taking any form of medication? **Yes/No**

If you have answered yes to any of the questions above and feel we need further information, please use the space overleaf.

With regards to the answers given above, please note that we may contact you to ask further questions to gather necessary information for the safety and wellbeing of your child/children.

**Dietary Requirements:**

Is your child allergic to anything? Please give details if so:

Is your child a vegetarian? **Yes/No**

Finally, please give details of any additional dietary information:

With regards to the answers given above, please note that we may contact you to ask further questions to gather necessary information for the safety and wellbeing of your child/children.

**Photographic Permission:**

I give / no not give my permission for Peak Active Sport to use photographic images of my son/daughter taken during this event. (Please delete where appropriate).

**Additional information:**

Places are guaranteed when forms and payments are submitted. As there are a maximum number of participant places, children will be notified when they are successful in getting a place.

All PAS staff (and The Hollowford Centre’s staff) are enhanced CRB/DBS checked and hold various suitable qualifications for the activities we/they are leading including full insurance cover.

Please also note that this information will be destroyed immediately after the Adventure Camp.

For terms and conditions, visit - www.pas.uk.com/terms-and-conditions

**Consent:**

I confirm that the above information is correct and I agree to the terms and conditions.

Signed: Date:

**Please return the completed form by post to:**

**Peak Active Sport Limited. Unit 5, Rossington Place, Graphite Way, Hadfield, Glossop, Derbyshire. SK13 1QG**

**For any further details please contact PAS:**

Website – [**www.pas.uk.com**](http://www.pas.uk.com) Phone - **01457 854069** Email - **info@pas.uk.com**