

Recharge Consent Form

Activity: Recharge Membership	
Name of participant:	Date of Birth:
Home Address:	Adult Contact Name:
	Adult Contact Number:
	Adult Contact Email Address:
Alternative Telephone Number for use in emergency:	

In the event of an emergency, it is important that the person in charge of the group has the necessary information about any medical condition that could affect the participation or treatment of your child/ward. All information requested will be treated in strict confidence and will not necessarily prejudice the inclusion of your child in the activity. It is in the interests of your child that full and accurate information be given and that you notify us of any change in circumstances that might affect participation.

Has your child had recent surgery or been in contact with any infectious or contagious disease in the last year?	
Has your child any known allergy (eg to penicillin) and do they have an inhaler or eppi pen?	
If your child is currently undergoing treatment by a Doctor please give details including medication?	
Has your child received a tetanus injection within the last ten years?	Y / N
Has your child any medical condition which a doctor should know about before carrying out treatment (eg Asthma)	
Is there any activity in which your child may NOT participate?	
Is there any additional information we should have? (Travel sickness, diet, diabetes, etc?)	
Name of Family Doctor:	
Address:	Tel No:

Insurance Information

Recharge Liability Insurance will meet claims resulting from accidental injury or damage to property if it is proved it was caused as a result of negligence on the part of Recharge or a Recharge employee.

Participants wishing to obtain cover for personal accident and Third Party Liability are advised to contact an insurance company or broker.

Photograph Consent

I give permission that photograph/video images may be taken and used for evaluation and advertising purposes by Recharge Yes / No

Email Permission

I give permission to be contacted by email for opportunities for my child Yes/ No

Declaration

I have read the information issued concerning the Course and the statement of insurance. I understand the nature of the activity/activities to be undertaken and consider my child fit to take part. They do not suffer from any medical condition not stated above. I hereby consent to the submission of the above named to emergency medical or surgical treatment including the administration of anaesthetic or blood transfusion as considered necessary by the medical authorities present.

Name (Block Capitals)

Parent/Guardian

Signature

Date