

*Please note: If medication (inhaler for asthma) is required as per the disclosures made in the "medical Information" section of the form then it MUST be available during the activity periods. Failure to provide the appropriate medication may result in a limitation or exclusion to your experience here at BF Adventure*

Group name (and Number if having multiple groups)	
Date of activity / Programme:	
Total number of people on Programme:	

	Participant Name	Medical information (medication, injuries, additional needs etc)	Swim 50M (Y/N)	Age (if under 25)	Gender	Multi day group register					PC
						Day 1	Day 2	Day 3	Day 4	Day 5	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											

	Support Worker / Non-Participant Name	Medical information (medication, injuries, additional needs etc)	Swim 50M (Y/N)	Age (if under 25)	Gender	Multi day group register					PC
						Day 1	Day 2	Day 3	Day 4	Day 5	
1											
2											
3											
4											
5											

Please read and tick the boxes before commencing. Once signed please return to BF Adventure.

In the case of group leaders with participants under the age of 18:

- I confirm I have informed the adult who has parental responsibility of the elements of risk involved in outdoor activities.
- I confirm I have (a) knowledge of and (b) permission to administer medication necessary for participation.
- I confirm I have parental consent from whoever has parental responsibility for all group members.

**In the case of all groups:**

- I can confirm that this form is accurate to the best of my knowledge
- I confirm that all people who have consent for photographs to be taken for promotional and marketing purposes are identified with a ✓ or ✗ as appropriate.

Group Leader name:

Date:

Group Leader Signature: