



# CONSENT FORM

# WALL CLIMBING

**\*IMPORTANT\*** If you want to take part please return form at least September 16<sup>th</sup> 2011, because there are limited spaces available. Alternatively telephone the Route 81 office on 01436 811100.

This form should be completed by a parent/guardian before the young person can participate in the event detailed below. One form should be completed for each child/young person.

**Route 81 Wall Climbing Session @Centre 81.**

**Wednesday 21<sup>st</sup> 2011, 7.30 pm – 9 pm.**

**Free.**

Please wear comfortable clothing for sports and sneakers.

Harness, helmet, and other basic wall climbing safety equipment will be provided.

I agree to my son/daughter taking part in the above-mentioned event.

Name of child:
Date of birth:
Address:
Home Phone Number:
Parent's Work Phone Number:
Parent's Home Phone Number:

Alternative Contact Person

Name:
Address:
Phone Number:
Relation to child:

## Medical Information

Doctor's name:
Doctor's address:

Does your son/daughter suffer from any condition requiring special medical treatment, including medication? If yes, give details below.


Is your son/daughter allergic to any medications? If yes, please give details below.


Does your son/daughter have any special dietary requirements? If yes, please give details below.


Has your son/daughter received a tetanus injection in the last five years?

Yes		No	
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I undertake to inform the co-ordinator/group leader as soon as possible of any change in the medical circumstances between the date signed and the commencement of the event.

I give permission for leaders to seek professional help for my child in case of emergency.

Signature of Parent/Guardian:
Date: