



Return to: Secretary
c/o 62 White Horses Way
Littlehampton BN17 6NR

ARUN YOUTH AQUA CENTRE
Jubilee Compound
Littlehampton
Registered Charity No 1001294

Adult Visitor Consent/Medical
Please complete all sections in Block Capitals

First name	Surname/family name	DOB
Home Address		
Home Number		
Mobile Number		
Email address		
Emergency Contact Number	Relationship	

Medical information

It is your responsibility to make known any disability/medical condition that may affect you and any medication that you may require. This information will be shared with those responsible for supervising the Centre Sessions.

Name of Family Doctor	Telephone Number
Have you ever suffered from any of the following conditions: Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes? YES / NO If YES please provide details, including any specific medical advice to be followed in an emergency:	
Are you currently taking any medication?	YES / NO
If YES please specify:	
When did you last have a tetanus vaccination?	Year:
Are you currently suffering/recovering from any injuries which may affect their participation in Water Sports?	YES / NO
If YES please provide details:	
Do you have any food allergies?	YES / NO
If YES please provide details:	
Do you have a disability, learning difficulty or medical condition which may affect your learning (ability to participate in practical or theoretical sessions)?	YES / NO
If YES please provide details:	

Declaration

I hereby acknowledge that I have read the attached conditions of membership and that I fully understand them and agree to abide by them.

Medical consent

I give permission to Arun Youth Aqua Centre to administer any relevant treatment or medication to myself when or if necessary. In an emergency situation I authorise Arun Youth Aqua Centre to take me to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis.

Consent for use of images

I grant to Arun Youth Aqua Centre without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to Centre Sessions.

Signed: (participant)

Name: (please print) Date: