

Participant Personal Information Form



Mountain Monkeys

Please complete all sections and return to either your group organiser.

The form should be completed by the person taking part in the activities or parent of a child or young person under 18. All information will be treated as confidential and only made available to accompanying adults and staff at Mountain Monkeys Ltd, who need it in order to ensure safety and wellbeing of the named participant.



Contact Details of Participant

Participants Name: _____

Date of Birth: _____ Male Female

If Participant is Under 18

Name of Parent: _____ Relationship to child; _____

Address _____

Contact Number: _____ or _____

Confidential Medical Information

Any Medical Conditions?	
Allergies	
Breathing Conditions?	
Other Conditions/medication being taken	
Additional Information	

Photographs

I agree that any photographs or video images taken of the above may be used by Mountain Monkeys Ltd, for educational and promotional purposes. Please state above in 'Additional Information' if you do not give permission.

Insurance

In the event of an accident involving the above Mountain Monkeys will initiate its own insurance policy and inform the Health and Safety Executive. Schools, youth groups and other establishments and parents are advised to take out personal accident and cancellation insurance.

Declaration

I have read information provided and understand the nature of the proposed course and the insurance liability, and agree to myself or named child attending an activity/course provided for by Mountain Monkeys. I understand that, although Mountain Monkeys minimises risk by the use of experienced and qualified staff working under strict safety guidelines, there is a risk inherent in all activities which cannot be entirely eliminated.

I agree to myself or named child taking the full programme of adventurous activities and/or active training. I understand that during the course/he/she will be expected to comply with instructions relating to safety and social welfare, and I have made this clear to him/her. I accept that he/she may be returned home if, in the opinion of the staff concerned, he/she behaves in an unacceptable manner.

In the event of serious illness or injury during the course, I agree to disclosure of the information contained in the medical information form and to this child receiving medication as instructed and an urgent dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: _____ Date _____

Name (Please Print) _____



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