

Booking Ref
JH040311



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All personal Information given on this form will be treated with the strictest confidence and will only be used to ensure a safe and enjoyable activity or in case of an emergency.

Personal Details

Name: _____	Address: _____		
Date of Birth _____	Age: _____	Home Tel: _____	Mobile Tel: _____

Person to Contact In An Emergency

Name: _____	Address: _____	
Home Phone _____	Work Phone: _____	Mobile Phone: _____

Medical Statement:

Do you have any of the following? (If yes please circle) Any major illness (please detail below) Blackouts /Headaches /Migraine /Dizziness Allergies to bites / Food /Medicines Asthma /Bronchial Illness Pregnancy	Recent injuries / operations Epilepsy Diabetes Heart Complaints Back /Neck Complaints
Do you have any other condition requiring regular treatment? Details of the above or any other condition _____	yes no
Details of any Medication or dietary needs _____	
If you have indicated on this form that you have Asthma or need an inhaler for any reason you must bring this with you on your activity! If you do not have your inhaler, you will not be allowed to take part in the planned activity. If your circumstance is that you will not be bringing an inhaler please state the reason here. _____	
Signed (parent/guardian if U16) _____	
(*Please bring any medication/inhalers etc. with you on the day)	
I consent to emergency medical treatment being given if deemed necessary during the course of these activities	<input type="checkbox"/> YES <input type="checkbox"/> NO
I can swim 50m (i.e 2 lengths of the swimming pool)	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you any known medical problems that might prevent emersion in cold water?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Medical Practitioner Details

Name of Doctor: _____
Address: _____
Telephone No.: _____

Declaration / Suitability To Participate.

I the undersigned give permission for _____ to take part in any Activities run by Activities Ireland, and to the best of my knowledge, the above details are correct.
I understand that all Outdoor Adventure Activities have a certain amount of risk of personal injury involved. I understand that Activities Ireland has undertaken full risk assessments on all activities and have taken every effort to minimise these risks, however I am aware that all risk cannot be eliminated and that it may still be possible for an accident to occur which may not have been foreseen.
I confirm that professional medical advice has been sought regarding any relevant medical condition mentioned above and that the person whom this form relates to is suitable to participate.

SIGNED DATE

By participants if over 16, if under 16 by Parent / Guardian

. For training and marketing purposes, staff may take photographs during activities. If you **DO NOT** want to be photographed, please tick the box