

**BOOKING FORM - CUMBRIA OUTDOORS DOFE OPEN BRONZE
23 to 26 AUGUST 2021**

Please complete in clear block capitals and leave/delete as appropriate where options are given.
Participants 18 and over can sign for themselves. Parent/guardian is to sign for under 18s.

Preferred First Name:..... Last Name:.....
E-mail:
Address:.....
..... Postcode:.....
Tel: (Home)..... (Mobile)
D.O.B..... Your e-DofE ID account number: _ _ _ _ _

DofE Centre (Max. 2 participants from any one Group.):
.....
Group Leader:..... Tel:.....

Emergency contact (name)
Relationship (to participant).....
Address (if different):.....
..... Postcode:.....
E-mail
Tel No's (covering all hours)

NB: A parent or guardian must be available at all times in case of emergencies or unreasonable behaviour. The emergency contact named above must agree to ensure that there will be an adult contact available during the dates of the course to take charge of the person named on this form if s/he has to return home for any reason.

Conditions:

- I understand that some activities require transportation by minibus and I am happy for my son/daughter/myself to partake in this.
- I understand that my son/daughter could be left unaccompanied whilst waiting for public transport on their arrival/return journey
- I understand that Adventurous Activities can include the follow: Rock Climbing, Abseiling, Fell Walking, Ghyll Scrambling, Canoeing, Kayaking, Sailing, Caving, Archery, Orienteering and Mountain Activities.
- I acknowledge receipt of and understand the information regarding the proposed event and consent to the above named participant taking part. I understand the nature of the supervision arrangements. I have ensured that he/she/I understand(s) that it is important for his/her/my safety and for the safety of the group for him/her/me to behave in a reasonable manner and that any rules and instructions given by staff will be obeyed.
- I do/do not give permission for any photograph taken during my/my son/daughter's involvement to be used for promotional purposes e.g. website, press etc.
- I understand that I am responsible for Personal Accident Insurance at all times.
- My son/daughter/I will be responsible for administering any prescribed medication according to Doctors' instructions.
- I will inform the Course Director/Administrator of any changes in the health of the participant/my health prior to the date of departure.
- I am in agreement that those in charge may give permission for my son/daughter/me to receive medical treatment in the event of an emergency.
- My son/daughter/I undertake/s to become fit for outdoor physical work and to bring clothing and footwear appropriate to a residential in the Lake District.
- I understand that if I/my son/daughter show/s unreasonable behaviour during my/their Residential my named contact/I will be contacted. Should it become necessary, I am responsible for arranging their transport from the Residential Centre.

Please provide details of any medical conditions, allergies, disabilities or special needs e.g. diabetes, asthma etc. which may require us to adjust the programme:

Signature of participant:		Date:	/	/
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Signature of parent/guardian:		Date:	/	/
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Relationship to participant (if applicable):	
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All information is kept strictly confidential

When completed, please send this form to:

Cumbria Outdoors, Hawse End Centre, Portinscale, Keswick, Cumbria, CA12 5UE Tel:01768 812280

E:mail: cumbriaoutdoors.enquiries@cumbria.gov.uk