

Arete Outdoor Centre
Llanrug | Caernarfon
Gwynedd | LL55 4AP

e: info@aretecentre.co.uk
t: 01286 672 136
www.aretecentre.co.uk



Parental Consent & Medical Form

Dear Parent / Legal Guardian,

Please complete the form below so that your child can participate in the outdoor education course at Arete Outdoor Centre, North Wales. Please read the declaration and then sign at the end if you agree to all statements on this form.

More information on the centre, parental FAQ, kit and benefits of outdoor education can be found at: <http://www.aretecentre.co.uk/parents-guide.php>

Name of Participant:

Date of Birth:

Course Date: from

to

Group / School Name:

Details of any **medical, physical, or behavioural** conditions that may affect them on activity:

Details of any **medicine/diet/treatment** which is being taken or followed:

Details of any known **allergies/sensitivities**:

Details of any **infectious diseases** they have been in contact with within the last 3 weeks:

My child **can/cannot** swim 10m or more. (this won't affect their participation on water activities where buoyancy aids will be worn)

Name and Address of young person's GP:

Parental / Legal Guardian contact details in-case of emergency:

Name:

Phone No.:

Address:

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Parental Consent (contd.)

Photos:

During the course participants are often given cameras to record their time at the centre. Photos of groups, while they are on activity, are sometimes used to promote the centre, allow the participants to record their stay online or on Arete's social sites.

Please tick if you do not want your child's photos used in this way.

Cancellation Policy:

The deposit is non-refundable. A 14 day cooling off period is given upon receipt of a deposit payment made 4 months or more before the start of your course. The full amount is not refundable if the client makes a cancellation less than 30 days in advance. In the unusual circumstances that Arete Centre should make a cancellation, Arete Centre will refund the course booking fee in full.

Please tick the check box to agree to the above cancellation policy.

Declaration:

I understand that Arete, an Adventure Activities Licencing Authority registered company (AALA controlled by HSE), will be providing a programme of adventurous outdoor activities for (please insert participant name). Participation in outdoor activities does entail some form of risk and I do accept that accidents or injuries can happen, without any contributory negligence from Arete Outdoor Centre or its staff.

I agree to disclose any medical information for the participant with the Course Leader, which can be shared with Arete instructors. In the unlikely event that immediate medical treatment is required, I agree that appropriate action can be carried out by qualified first aid practitioners. All Arete instructors are qualified and experienced and will always make every effort to keep all risks to a recognised minimum.

I agree to the cancellation policy.

I agree to inform the activity leader, or Arete directly, should any of the medical information supplied to the Course Leader change before the start of the course.

Please tick the check box to agree to the above declaration statement.

(Name and of parent or legal guardian)

Name Date

All the information on the participant shall remain confidential and only be passed on to the instructors who will be working with your child and professional medics in the event of an emergency.

