

Course Application Form

Please note: The information given on this form will remain confidential, it is used to help staff meet your needs and where necessary provide support and adjustments to allow you to fully enjoy your time with us. Failure to disclose relevant details of your or your child's health may put you / your child in danger during the activity.

Name: _____

Age: _____

Address: _____

Postcode: _____

Telephone No. _____

Emergency Contact Name: _____

Emergency Contact No: _____

Course attending: _____

Please give additional information including any medication you may need while attending

The signing of this form signifies that:

- I am confident in water
- I am physically fit to take part in the activity
- I am willing to comply with all safety regulations
- I accept that watersports and adventure activities are hazardous by their nature
- I am willing to accept the Terms and Conditions of booking which are available in the brochure & on the website www.thedeckersgroup.com

Please tick all that apply...	YES	NO
Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Balance problems	<input type="checkbox"/>	<input type="checkbox"/>
Fainting	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Asperger's syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Autism	<input type="checkbox"/>	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>	<input type="checkbox"/>
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>
ADHD / ADD	<input type="checkbox"/>	<input type="checkbox"/>
Other learning or social needs	<input type="checkbox"/>	<input type="checkbox"/>
Sensory impairments	<input type="checkbox"/>	<input type="checkbox"/>

Signed: _____

Date: _____

(Parent/Guardian if under 18)

PAYMENT BY CREDIT/DEBIT CARD

Please debit my: (Please tick)

- Mastercard Visa Delta Solo Switch
- JCB Visa Electron

Card Expiry Date Start Date Issue No

Security No (last 3 no's on signature strip)

Any other conditions which we need to know about to protect you/your child's safety.

Signature (I am over 18) _____
 Photocopies acceptable