

Are You Ready For This Year's Challenge?!!!

Hindleap Adventure Challenge Weekend Friday 25th January to Sunday 27th January 2019

Hindleap Warren Outdoor Education & Activity Centre,
Wych Cross, Forest Row, East Sussex RH18 5JH

Meet at Fulham Pools – Friday 25th January - 5.30pm

Return to Fulham Pools – Sunday 27th January – 4.00pm

Cost - £50.00 per person

Once again The Brunswick Club has the whole of the Hindleap Centre for what is always an enjoyable and action packed weekend for everyone involved. The trip is open to all boys and girls, juniors and seniors, football teams, table tennis players and any young person that wants to come along.

Cost includes:

Transport to and from Hindleap Warren.

Breakfast, lunch and evening meals.

All activities, instructed and supervised by fully qualified and professional Hindleap staff.

Activities will be selected from the following:

Crate Stack, Zip Wire, High Adventure, Leap of Faith, Forest Adventure Swimming and Night Orienteering.

If you would like more information about the weekend a full report on Hindleap 2018 can be viewed on our website;

www.thebrunswickclub.org.uk

If you wish your child to travel with the group please return the attached parent consent, medical information and indemnity form with your payment of £50 by **Friday 18th January 2019**. You can pay in instalments but please send all payments in an envelope clearly marked with your child's name on.

Places are limited and will be given on a first come first served basis.

Please book early to avoid disappointment!!!

The Brunswick Club for Young People
Parents Consent, Medical Information and Indemnity Form.

Hindleap Adventure Challenge Weekend
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1. Child's name:

Date of birth:

Age:

School Year:

Sex: Male/Female

2. Parent's/Carer's name:

Address (including postcode):

Emergency Telephone number(s):

3. Doctor's name:

Address: (including postcode):

Telephone number(s):

4. Medical Information Details:

What was the date of your child's last Tetanus injection?

Does your child suffer from any ailments or disabilities, eg diabetes, epilepsy, asthma, hay fever etc? Yes/No

Does your child take any regular medication or are they receiving any medical treatment at present? Yes/No

Is your child allergic to anything eg antibiotics, aspirin, penicillin, or any other drugs, foods or insects? Yes/No

If the answer to any of these questions is YES please give details and list any medication that is required (Please be aware that, if requested to do so, we will only administer prescribed medication to your child):

5. Other Details:

Please state if your child is water confident: Yes/No

Are you willing for your child to have their photograph taken during activities and for these to be used for Brunswick or any other related publicity? Yes/No

Please give details of any further information which we would need to know about your child that has not been covered eg. special needs, court orders, challenging behaviour, dietary requirements, etc.

6. Ethnic Group Of Child (Please Tick):

White	
White British	<input type="checkbox"/>
White Irish	<input type="checkbox"/>
Traveller (of Irish Heritage)	<input type="checkbox"/>
Gypsy/Roma	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>
<i>Please specify:</i>	

Asian or Asian British	
Bangladeshi	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Any other Asian background	<input type="checkbox"/>
<i>Please specify:</i>	

Black or Black British	
African	<input type="checkbox"/>
Caribbean	<input type="checkbox"/>
Any other Black background	<input type="checkbox"/>
<i>Please specify:</i>	

Mixed	
White and Black Caribbean	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>
Any other Mixed background	<input type="checkbox"/>
<i>Please specify:</i>	

Other Ethnic Groups	
Chinese	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>
<i>Please specify:</i>	

7. Parent Consent and Indemnity:

I give permission for my child to participate on the Hindleap Adventure Challenge Weekend 2019 and agree to his/her participation in all activities. I acknowledge the need for responsible behaviour on his/her part.

I understand that by signing this form that in the event of an accident or emergency I agree to my son/daughter receiving any medical treatment, including anaesthetic, as considered necessary by the medical authorities present. I am also authorising the leaders in charge to give consent on my behalf to hospital authorities. I have filled out the medical information details correctly and to the best of my knowledge.

I acknowledge and agree that neither the club nor the leaders in charge can be held responsible or liable to compensate for the loss of or damage to any of my child's personal belongings and that my child is always responsible for the safe custody thereof.

I indemnify the club and the leaders in charge from and against any liability, costs, claims or expenses howsoever arising whether directly or indirectly as a result of any accident, injury or illness which my child may suffer or sustain which is not due to the negligence of the club or leaders in charge where the said accident, injury or illness or other damage is a result of my child disobeying any lawful, reasonable instruction(s) which may be given to him by the club or the leaders in charge.

Signed:

Full name:

Relationship to child:

Date: