



Park & Play - Medical Details

NCKC membership number (if known):

Administration cost £1 Admin use only

Paddler Information

Full name:	<input type="text"/>	Age:	<input type="text"/>
House number / name:	<input type="text"/>	Post code:	<input type="text"/>
Telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>
E-mail address:	<input type="text"/>		

Medical Information

	YES/NO
Do you have any medical conditions, for example asthma, diabetes, epilepsy, etc.?	<input type="text"/>
If YES, please give details:	<input type="text"/>
Do you have any disabilities or allergies that the centre should be made aware of?	<input type="text"/>
If YES, please give details:	<input type="text"/>
Do you have any special requirements?	<input type="text"/>
If YES, please give details:	<input type="text"/>

Emergency Contact Details

Name:	<input type="text"/>	Relationship to you:	<input type="text"/>
Telephone number:	<input type="text"/>	Mobile number:	<input type="text"/>

Photographs and Footage

We occasionally film or take photographs of our activities for publicity reasons, including reproduction on our website. If you DO NOT agree to us using photographs or footage that includes yourself/your child, please put a cross in this box:

Confirmation

Please complete one of the following two options:

I am over the age of 18 and confirm that all the information supplied above is correct.

Name:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>		

I am a parent/guardian of the participant, who is under 18 years old, answering on behalf of the participant. I confirm that all the information supplied above is correct.

I, the legal parent/guardian of , give consent for my child to take part in this activity. In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical or dental treatment, including but not without limitation to anaesthetic and blood transfusion, which may be considered necessary by a registered medical practitioner.

Name:	<input type="text"/>	Signature:	<input type="text"/>
Date:	<input type="text"/>		



Park & Play - Safety and Risk Declaration

This form is intended to make you aware of the risks associated with canoeing and kayaking and to help you make an informed decision as to whether to participate. Signing this form does not (and is not intended to) limit our obligations.

Full name of participant:

Canoeing and kayaking are "assumed risk" "water contact sports" that may carry inherent risks. Participants should be aware of and accept these risks and be responsible for their own actions and involvement.

Please read all sections, then write YES or NO as appropriate	YES/NO
I understand that the activities I may participate in will expose me to many hazards and involve the risk of property damage and loss and even personal injury, illness or death. Whilst Nene Active will take all reasonable steps to ensure my safety, I understand that they cannot be held liable for my own actions, for which I must take responsibility, or for those of a third party.	<input type="checkbox"/>
I have completed and submitted a Nene Active medical consent form. I do not have any medical conditions or illnesses other than those disclosed on my medical consent form.	<input type="checkbox"/>
I understand that I am not to participate in this activity if I am under the influence of alcohol or drugs.	<input type="checkbox"/>
My buoyancy aid, helmet, clothing and personal craft are appropriate for use at Nene Active and they fit correctly. White water suitable boats only. All boats are subject to approval by Nene Active.	<input type="checkbox"/>
I understand that, whilst Nene Active will provide me with help and advice whenever they can, I will only receive instruction in the use of equipment or techniques when I have booked and paid for such instruction. I will not participate in any activity unsupervised if I am not confident and capable in the use of any of the equipment or the course.	<input type="checkbox"/>
I understand that NO intentional swimming is allowed on the white water course, unless authorised by Nene Active Management and undertaken by a British Canoeing White Water Safety & Rescue Provider.	<input type="checkbox"/>
(If you are part of a SUPERVISED group, please leave this question blank.) I understand the difficulty of the water at Nene Active, and that the level of the flow can vary. I understand that it is suggested that I walk the course each time prior to getting on. I confirm I am sufficiently experienced and fit to paddle this course, grade 2/3, completely UNSUPERVISED. **	<input type="checkbox"/>
I understand that the quality of the water which feeds the white water course may vary, and that if I have any concerns regarding this, I should speak to a Nene Active staff member.	<input type="checkbox"/>
(If you are part of a SUPERVISED group, please leave this question blank.) I am confident swimming in moving water. **	<input type="checkbox"/>
I have been able to read the above relevant Terms and Conditions and agree with these.	<input type="checkbox"/>

** If you have answered YES to these two questions, but you are observed to be paddling below the required standard, you will be required to leave the course. No refund will be given.

ALL paddlers must personally sign in before getting on the water **unless they are under 18**, in which case they must be signed in by a parent/guardian or by an adult acting on the authority of the parent/guardian.

If you have any questions or queries, or are unsure of any of the information above, please speak to one of the Nene Active staff members to seek advice.

Please put a cross in the box next to whichever option applies to you. I confirm that I am:

over 18 years old	<input type="checkbox"/>
the parent/guardian of the participant, who is under 18 years old, answering on behalf of the participant	<input type="checkbox"/>

Full name:

Signed:

Date: