**Summer Holiday Club 2018**

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| **Participant Details** | | **Emergency Contact Details** | |
| Name | Click here to enter text. | Parent/Carer Name | Click here to enter text. |
| Address | Click here to enter text. | Mobile No. | Click here to enter text. |
|  | Email | Click here to enter text. |
| Relationship | Click here to enter text. |
| Postcode | Click here to enter text. | Second Contact | Click here to enter text. |
| Date of Birth | Click here to enter text. | Mobile No. | Click here to enter text. |
| Gender | Choose an item. | Email | Click here to enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Medical Information** | | | | | | | |
| Would the participant be considered to have a disability | | | | | Choose an item. | | |
| If yes, please give details | Click here to enter text. | | | | | | |
| Has the participant any of the following conditions? | | | | | Choose an item. | | |
| Other relevant medical information | | | Click here to enter text. | | | | |
| Details of medical treatment and/or drugs that are currently being received | | | | | | | Click here to enter text. |
| Is the participant allergic to any medication | | Choose an item. | | Details | | Click here to enter text. | |
| Doctors/Surgery Name | Click here to enter text. | | | | | | |

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| **Consent**  I have read, noted and understood the information on the briefing sheet and I consent to myself/son/daughter taking part in any of the activities listed.  I also consent to the use of their name likeness or speech in any audio/video tape, photograph or film made during the activity for any legitimate purpose of Nottinghamshire County Council or its partners, this includes use on social media; e.g. Facebook or Instagram.  I acknowledge that adventurous activities carry an element of risk and therefore accept the need for responsible behaviour, including listening to and following safety instructions.  In the event of an emergency I agrees to Myself/Son/Daughter receiving medical treatment, including anaesthetic, as considered necessary by the medical authorities present. | | | |
| **Signed** (Legal Guardian) | Click here to enter text. | **Signed** (Participant) | Click here to enter text. |
| **Name** (Legal Guardian) | Click here to enter text. | **Date** | Click here to enter a date. |

**If returning this form electronically then just enter your name in the box above and we will save this form along with the accompanying email as proof of your consent.**

**Please see overleaf for booking and briefing information**

**Choose the dates below that you would like your Son/Daughter to attend. Please ring the office to check availability.**

**£27.00 per day**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mon 30 July |  | Tue 31 July |  | Wed 01 Aug |  | Thur 02 Aug |  | Fri 03 Aug |  |
| Mon 6 Aug |  | Tue 07 Aug |  | Wed 08 Aug |  | Thur 09 Aug |  | Fri 10 Aug |  |
| Mon 13 Aug |  | Tue 14 Aug |  | Wed 15 Aug |  | Thur 16 Aug |  | Fri 17 Aug |  |
| Mon 20 Aug |  | Tue 21 Aug |  | Wed 22 Aug |  | Thur 23 Aug |  | Fri 24 Aug |  |
| BH |  | Tue 28 Aug |  | Wed 29 Aug |  | Thur 30 Aug |  | Fri 31 Aug |  |

**Arrival and Collection – Please indicate who will be dropping off/collecting your child.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dropping off** | Click here to enter text. | **Approx. time** (08:30-09:30) | | Click here to enter text. |
| **Collecting** | Click here to enter text. | **Approx. time** (16:30-17:30) | | Click here to enter text. |
| **If I am not available then I give authorisation for the following person to collect my child** | | | Click here to enter text. | |

**Briefing Sheet**

The Mill Adventure Base provides a number of adventurous activities, both on and off-site. All activities carry an element of risk and are run and supervised by appropriately qualified and experienced staff in accordance with procedures agreed by the Adventurous Activities Licensing Authority where required. Please note the following points:

* A complete change of clothing, including footwear and towel should always be brought
* Jeans are not suitable for any activity
* All necessary safety equipment is provided
* All participants should come suitably prepared for the activity with long sleeves and covered legs
* Where necessary, protective clothing will be provided
* No one will be expected to participate in any activity that is beyond his/her capability
* Anyone with poor swimming ability or low water confidence should advise staff in advance
* Remote supervision may be employed during non-activity time, within strict boundaries
* Any activity/programme that requires transport will use an appropriate and approved form
* Anyone who is considered to be under the influence of alcohol/substances will be removed from site
* It is illegal at any NCC site or in any NCC vehicles

**On-Site Activities**

Climbing Wall/Abseil, High/Low Ropes Course, Team Games, Artificial Caving System, Archery, Cycling, Canoeing, Kayaking, Sailing, Raft Building, Bushcraft (may involve supervised use of sharp implements).

**Off-Site Activities**

Mountain Biking. Orienteering, Rock Climbing, Abseiling, Weasling, Caving, Canoeing, Kayaking, Duckying. (Venues will be chosen that suit the nature of the activity and the level of the group.

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| --- | --- |
| **Please tick if you would like to receive promotional information and offers for future products and offers at The Mill Adventure Base via email or post.** |  |

**Phone the office on 01623 556110 to check availability. Confirmation only with full payment and registration**

**Return this form to:** [**outdoor.environmental@nottscc.gov.uk**](mailto:outdoor.environmental@nottscc.gov.uk) and phone the number above to arrange payment.

**Alternatively return by post to:** The Mill Adventure Base, Kingsmill Reservoir, Sherwood Way South, Sutton in Ashfield, Notts, NG17 4PA. Please enclose a cheque for the required amount payable to Nottinghamshire County Council.