Bryson LaganSports

Personal information that you supply to us will be treated with the strictest confidence and held securely in line with the Data Protection Act 2018 and the General Data Protection Regulation 2018. It will only be used for the purpose of delivering a safe and enjoyable activity. We will not disclose your information to any third party unless they are part of the delivery and management of the service we provide to you. It is only in the case of an emergency will information be shared for your safety and well-being. Please see our privacy notice on our website: www.brysonlagansports.org for more details on how we process and dispose of your data.
We may contact you by email or post to provide you with information on our services which will be for the legitimate interests of our business, however please let us know at any time if you no longer want to be contacted by us.

Personal Details

Name:_____ Email: _____

Address:_____

Date of Birth_____ Age:_____ Home Tel: _____ Mobile Tel: _____

Person to Contact In An Emergency

Name:_____ Email: _____

Address:_____

Home Phone_____ Work Phone:_____ Mobile Phone:_____

Medical Statement:

Do you have any of the following? (If yes please circle)

Any major illness (please detail below)	Recent injuries / operations
Blackouts /Headaches /Migraine /Dizziness	Epilepsy
Allergies to bites / Food /Medicines	Diabetes
Asthma /Bronchial Illness	Heart Complaints
Pregnancy	Back /Neck Complaints

I have medical problems that might prevent emersion in cold water? ☐ YES ☐ NO
Please specify _____

Do you have any other condition requiring regular treatment? ☐ YES ☐ NO
Please specity_____
Do you have of any Medication or dietary needs_____
_____

If you have indicated on this form that you have Asthma or need an inhaler for any reason you must bring this with you on your activity!
If you do not have your inhaler, you will not be allowed to take part in the planned activity. If your circumstance is that you will not be bringing your inhaler please state the reason here._____
_____Signed (parent/guardian if U16)_____
(Please bring any medication/inhalers etc. with you on the day)

I consent to emergency medical treatment being given if deemed necessary during the course of these activities ☐ YES ☐ NO
I am water confident ☐ YES ☐ NO

Medical Practitioner Details

Name of Doctor:_____

Address:_____

_____Telephone No.:_____

Declaration / Suitability to Participate. Signed by PARTICIPANT or Parent / Guardian

I the undersigned give permission for _____ to take part in any Activities run by Bryson LaganSports, and to the best of my knowledge, the above details are correct.
I understand that all Outdoor Adventure Activities have a certain amount of risk of personal injury involved. I understand that Bryson LaganSports has undertaken full risk assessments on all activities and have taken every effort to minimise these risks, however I am aware that all risk cannot be eliminated and that it may still be possible for an accident to occur which may not have been foreseen.
I confirm that professional medical advice has been sought regarding any relevant medical condition mentioned above and that the person to whom this form relates is suitable to participate.

SIGNED _____ DATE _____

By participants if over 16, if under 16 by Parent / Guardian

For training and marketing purposes, staff may take photographs during activities. If you **DO NOT** want to be photographed, please tick the box ☐