



THE YARD ABBEY MANOR, DOVER, KENT CT15 7DQ
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 MOBILE CONTACT: 07944 406665

COURSE CONSENT FORM

I give my consent for the person named below to participate in the activities of the course outlined below.

VARIOUS OUTDOOR PURSUITS SPORTS & FITNESS OFF-ROAD RIDING

These activities can pose a risk to health. To minimise this risk we follow health and safety procedures which must be adhered to by all attendees. Please make us aware of any medical or educational conditions which may affect their participation.

YOUNG PERSON'S DETAILS

First Name(s)

Surname

Date of Birth

Organisation

Please give any relevant medical information in the three boxes below. We cannot be held responsible for any incident or injury occurring as a result of medical conditions not disclosed.

MEDICAL CONDITIONS	ALLERGIES	ADDITIONAL LEARNING NEEDS

If any medication is required to be taken whilst on the course; is the young person capable of self-administering this medication?

YES/NO

We will not accept responsibility for any medication not properly labelled.

I confirm that the young person named here is capable of safely undertaking the activities outlined above. I agree that in the event of an accident I give my consent to first aid treatment and any emergency treatment considered necessary by a medically qualified person.

YES / NO

This section must contain details of a guardian who is able to function as the emergency contact in situations of injury, incident or illness.

NAME:

CONTACT TEL:

RELATIONSHIP TO YOUNG PERSON:

YOUNG PERSON'S DOCTOR SURGERY/GP:

I give my permission for the aforementioned young person to travel in vehicles driven by or for the Motocross Challenge Project staff.

YES / NO

Please note that photographs may be taken for publicity or promotional purposes in literature, posters or at exhibitions/displays. I agree with photographs being taken and used for the purposes stated above.

YES / NO

The Motocross Challenge Project cannot accept responsibility for loss or damage of property. Where a young person fails to abide by the rules and safety guidelines given at the beginning of each activity – we cannot accept responsibility for injuries sustained as a result.

PARENT/GUARDIAN DETAILS*

This must be correct in case of a hospital admission.

Parent/Guardian Name (Please print)

Relationship to Young Person

Contact Address

Home Telephone Number

Emergency Contact Number (e.g. Mobile)

Signed

Date
