Please complete and hand to the trainer at the first session of the Active Leader course.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Participant Information Details** | | | | | | | |
| Participant Name |  | | | | D of B: | | |
| Address |  | | | | E-mail: | | |
| Course Venue and Date |  | | | | Tel No: | | |
| **2. Emergency Contact Details** | | | | | | | |
| Emergency Contact Name |  | | Relationship to Participant |  | | |
| Contact Number 1 |  | | Contact Number 2 |  | | |
| **3. Medical Information** | | | | | | | |
| Dr Name |  | | Contact No. |  | | |
| Please detail medical, behavioural or special needs information we should be aware about (including allergies): | | | | | | | |
| Will the participant named on this form need to take any prescribed medication during the day? YES/NO  If yes, an additional medical form must be obtained and completed.  **Please note that by signing this form you acknowledge and consent that in the event of an accident or injury we may take the participant named on this form offsite to obtain medical assistance.** | | | | | | | |
| **5. Permission to use Photographs and Videos** | | | | | | | |
| We wish to take photographs and/or videos of participants on Active Leader courses. These photographs and/or videos may feature the participant named on this form. By signing this form, you grant us permission to use the photographs and/or video in accordance with the terms of our Privacy Policy (which can be found on our Active Leader website www.activeleaders.co.uk), including in our printed publications, promotional materials, in the advertising of our services on our website and to distribute to our sponsors, affiliates and partner companies to use for the same purposes.  To **OPT OUT** of photo and video permission, please tick here | | | | | | | |
| **6. Participant e-mail contact details** | | | | | | | |
| Please confirm the e-mail contact details of the participant named on this form for further information on the Active Leader Association. | | | | | | | |
| Participant E-Mail details: |  | | | | | | |
| **7. Disclaimer** | | | | | | | |
| You accept that the sports and activities taking place involve an inherent risk of injury. We will undertake all necessary risk assessments and provide the programme in as safe an environment as possible and you accept that we will not be liable for any direct or indirect loss, damage or injury arising from or in connection with the activities on the Active Leader course and you waive all and any such claims against us. Nothing in this disclaimer shall attempt to limit in any way our liability for any matter for which it would be illegal or unlawful for us to exclude or attempt to exclude our liability. | | | | | | | |
| **8. Signature** | | | | | | | |
| Please sign below (signing below constitutes your permission for us to use photos and/or video of your child and allows first aid/medical attention to be administered to your child on or offsite as necessary and allows us to contact the participant by e-mail.) | | | | | | | |
| Parent/Guardian/Carer Signature | |  | | | Date |  | |

We cannot accept a participant onto the course without this form.

Please complete this form and send back to [info@thamesvalleytennis.com](mailto:info@thamesvalleytennis.com) by Friday 09 February 2018