



DAY ACTIVITIES

Activity Clothing List

Climbing

Long sleeved shirt-loose fitting trousers/tracksuit.
 Plimsolls/trainers or climbing boots.
 Waterproof top & bottoms if bad weather.

Canoeing

(Participants should be able to swim)
 Plimsolls/trainers-bathing costume-shorts
 T-shirt plus jumper or tracksuit-anorak-change of clothes- towel.
 Glasses if worn must be tied on. Participants will get wet.

Caving

Old long sleeves top, trousers/tracksuit.
 Wellies will be provided.

Don't forget lunch, drinks & Suncream.

Times

Activity	Start	Finish (Times may vary slightly)
Climbing Full Day	9.30am Please register by 9.20am	4.45pm
Canoeing Full Day	9.30am Please register by 9.20am	4.45pm
Caving 3/4 Day	9.30am Please register by 9.20am	2.00pm
Please register at main CRS reception.		

Please read the Risk Disclosure overleaf, then complete the declaration and medical form and hand it in to reception on arrival everyone taking part in the activities must fill in a separate medical form these can be found on our website www.crsadventures.com



RISK DISCLOSURE FOR OUTDOOR ACTIVITIES

At CRS Adventures we are committed to a process of learning through experiencing outdoor activities. We recognise that hazards and risks are real, and that they are an inescapable part of the path to challenge, adventure and fun. The safety of you and your children is our primary concern, therefore to re-assure you, we would like to make you aware of the following policy, which is designed to minimise potential hazards and risks. This is not a disclaimer but a proactive disclosure to let you make informed choices about a visit to CRS Adventures.

Our commitment to you is that risk is managed and minimised using the following best practice:

- CRS Adventures is an A.A.L.A. Approved Centre.
- A rigorous assessment of the risks and safe working practice procedure is applied to all parts of the programme.
- Our staff are trained and monitored to ensure that they operate according to our safe working practices.
- Our safety equipment will be in a good working condition.
- Hazards and risks will be identified and communicated to participants before each activity.
- The programme will be monitored and if needs be altered to reflect any emerging safety issues (E.g.: adverse changes in the weather.)

Your commitment to us to help us manage and minimise the risks:

- Participants will actively take responsibility for their own behaviour.
- All activities are to be entered into willingly.
- Participants must disclose any medical conditions.
- Participants should understand the nature of the activities in which they are participating.
- Participants agree to abide by the expertise and decisions of CRS Adventures staff.
- Participants should be suitably attired, in accordance with the "activity clothing list"



NAME OF COURSE: DAY ACTIVITIES **DATE OF COURSE:**

DECLARATION

As a participant aged 18 or over I declare on my own behalf that I have understood the nature of the adventurous outdoor activities at CRS Adventures.

As Parent/Guardian of I have understood the nature of the adventurous outdoor activities to CRS Adventures and agree to his/her taking part.

I also agree that:

- I/He/She is fit to participate in the visit.
- I/He/She will comply with the "commitment" stated over leaf.
- If I cannot be contacted, I give permission for any emergency dental or medical treatment to be authorised by CRS Adventures staff.
- Under the Data Protection Act, I authorise CRS Adventures to "file" the information on this form for the sole use of this visit.

Signature of

Individual/Parent/Guardian.....Date:.....

Name of Individual/Parent/Guardian.....

MEDICAL INFORMATION

Date of birth:.....

Name of emergency Contact Parent/Guardian:.....

Address:.....

Emergency Contact Tel.No:

Daytime.....Evening.....

NHS Medical Card Number:.....Name of Doctor:.....

Surgery:.....Surgery Tel.No:.....

Has the participant had, or is still experiencing any of the following?

Asthma or bronchitis	YES/NO	Allergies to food,pollen,dust	YES/NO
Sight or hearing needs	YES/NO	Allergies to insect stings	YES/NO
Heart condition	YES/NO	Dental Problems	YES/NO
Fits, Feinting or blackouts	YES/NO	Taking any medication	YES/NO
Severe headaches	YES/NO	Any other illness/ special needs	YES/NO
Diabetes	YES/NO	Allergies to any known drugs	YES/NO
Back Injuries	YES/NO	Epilepsy	YES/NO
Recent (3 months) contact with anyone with contagious infectious disease			YES/NO
Recent (3 months) Surgical or medical treatment			YES/NO



Please provide details if the answer was YES to any of the above questions

.....
.....
.....

Date of last TETANUS vaccination:.....