# **ExSite 2019 Participants Information**

To be Completed by all participants, Leaders and Staff.

|  |  |
| --- | --- |
| **Forename** |  |
| **Surname** |  |
| **Scout Membership No.** |  |
| **Age on 31/7/2019** |  | **D.O.B** |  |
| **Explorer/Venture Scout Unit** |  | **or if Staff** **[ ]**  |

 (Details from this form will be moved to electronic format. Data will be deleted after the Camp. Please complete all relevant information fields.)

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| **Further Details**  |
| Participant Home Address  |       |
| Nationality |       | Gender | M [ ]  F [ ]  |
| **Emergency Contact** |
| Emergency Contact Name |       | Telephone Number |       |
| Relationship of Emergency Contact to Participant |       |

**MEDICAL AND ALERGIES -**

|  |  |  |  |
| --- | --- | --- | --- |
| Doctors |       | Doctors Tel Number |       |
| Health Number |       |  |
| EHIC No (if from outside UK) |       |

|  |  |
| --- | --- |
| Do you suffer from any Allergies? |       |
| If so, Do you carry an epipen | Yes[ ]  No[ ]  |
| Do you have any existing injuries that may effect your participation? |       |
| Do you have any existing medical conditions? |       |
| If so, what activities have you being advised not to take part in? |       |
| Prescribed Medication |       |
| Is there anything else we should know? |       |

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| **DIETARY -** |
| Dietary Needs | Vegetarian [ ]  | Vegan [ ]  | Celiac [ ]  | Other [ ]  |
| If Other, Please give details |       |

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| --- |
| Additional Information |
| T-Shirt Size (Unisex Adult) | XSmall [ ]  | Small [ ]  | Medium [ ]  | Large [ ]  | X-Large [ ]  | XXL [ ]  |
| Are you Water Confident? | Yes[ ]  No[ ]  | Can you swim 50m? | Yes[ ]  No[ ]  |

If it becomes necessary for the participant to receive medical treatment and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any necessary medical treatment and authorise any Leader, Camp Staff (or in their absence any member of staff of the Activity Providers), to sign any document required by the hospital authorities. I will inform Admin Staff of ExSite2019, if any of the information given on this form changes before the event takes place and email a replacement form to admin@exsite.org.uk

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian if participant under 18) Date

Name       Relationship to Young Person