



## EXPEDITION REGISTRATION FORM 2019

<b>Award Level:</b>	Bronze	Silver	Gold
<b>Participant Name:</b>			
<b>Date of Birth:</b>			
<b>Address:</b>			
<b>Home Telephone:</b>		<b>Emergency Contact Number:</b>	
<b>Email address for all correspondence:</b>			
<b>Medical Information</b>			
<b>Does Your son / daughter have a disability?</b>	Yes	No	
<b>If yes, please state:</b>			
<b>Are there any conditions of which staff should be aware? i.e. contact with contagious diseases</b>			
<b>Any conditions requiring medical treatment, including medication?</b>	Yes	No	
<b>If yes, please state:</b>			
<b>Is your son/daughter allergic to any medication?</b>	Yes	No	
<b>If yes, please state:</b>			
<b>Declaration</b>			
A) I agree to my son/daughter receiving any medical treatment, including anaesthesia, as considered essential by the medical authorities present.			
<b>Name:</b>			
<b>Address:</b>			
<b>Home Telephone:</b>		<b>Mobile Contact Number:</b>	
<b>Alternative contact Name:</b>			
<b>Address:</b>			
<b>Home Telephone:</b>		<b>Mobile Contact Number:</b>	



B) I undertake to inform the DofE group leader of any change in medical circumstances between now and when this level of the DofE is completed.

C) All participants undertake training for their level of the Award. I am aware that any DofE training, accompanied walks or expeditions are activities with a danger of potential injury. I have understood this and give my permission for my son/daughter (Name) .....to take part in DofE activities.

D) From Bronze to Gold an increasing degree of responsibility and independence is paralleled by a decrease in supervision levels. Whether supervised directly or indirectly the highest level of behavior is expected from all concerned. I have understood this and accept that inappropriate behavior could lead to my son/daughter's exclusion from all DofE activities.

E) I hereby consent to the use of my son/daughter's name, likeness, and speech in any audio/video-tape, film or photograph made during any DofE activity for any legitimate purpose The Joseph Whitaker School & Central England DofE.

F) I hereby give my permission for my son/daughter to travel in minibuses which meet the current legal requirements and in appropriately insured staff cars if necessary.

This form must be signed by the participant and parent/person with legal responsibility.

<b>Signature of Young Person:</b>	
<b>Signature Parent/Person with legal responsibility:</b>	
<b>Print Name:</b>	
<b>Relationship:</b>	
<b>Date:</b>	