



Loughborough Road
Leicester, LE4 5PN
info@lopc.co.uk
www.lopc.co.uk
0116 268 1426

PLEASE DETAIL ANYTHING YOU THINK MIGHT BE IMPORTANT THAT WE SHOULD KNOW ABOUT INCLUDING ANY FOOD ALLERGIES (IF WE ARE SUPPLYING CATERING) OR DISABILITIES.

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DOCTOR'S SURGERY:

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We may take photos or video footage of you or this participant for future marketing:

If this is not acceptable please tick this box

Acknowledgement of risk:

There will always be some risk involved in any type of adventurous activity, indeed the benefits of the activity would probably be reduced if these risks were removed. The type of risk is generally confined to the same sort of risks that a person in normal recreation may experience.

We consider the level of risk to be low and reasonable. However, the person completing this form must decide if you consider this reasonable. Our "Challenge by Choice" approach endeavours to ensure participation in any activity is always at the participant's discretion. The above declaration does not absolve LOPC of its "Duty of Care" and other legal responsibilities.

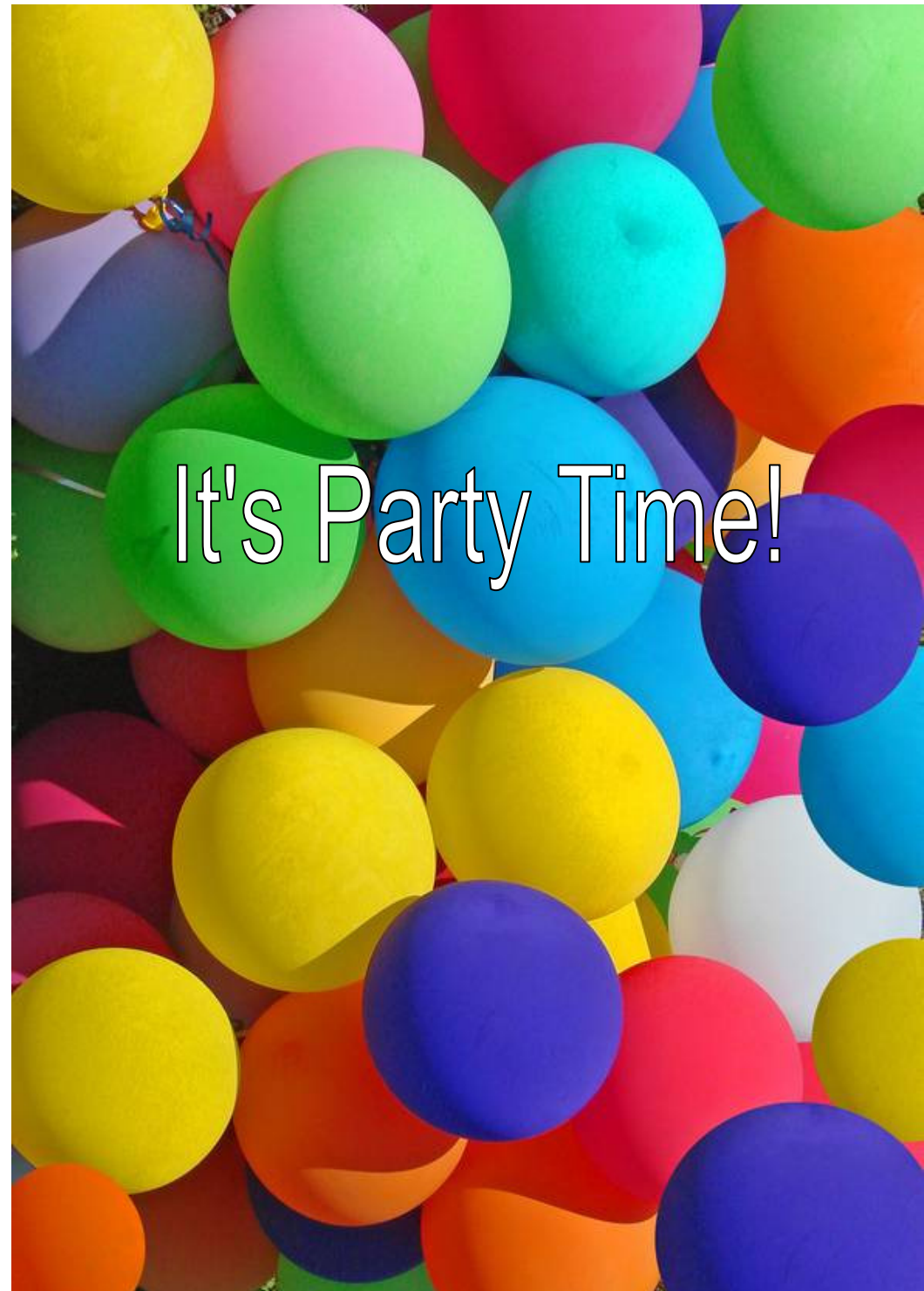
I have read and understood the above statement and I declare that to the best of my knowledge the above information is correct.

I have read and agree to the terms and conditions of the booking.

I give consent for any emergency treatment or administration of personal medication in the event of an accident.

I confirm that any medication that may be required will be available during the activity.

Participant Over 18years old or legal parent or guardian	PRINT Name:
Date:	Signature:



DEAR _____
 I WOULD LIKE TO INVITE YOU TO MY BIRTHDAY ACTIVITY PARTY WHICH WILL
 BE HELD AT LEICESTER OUTDOOR PURSUITS CENTRE

WE WILL BE TAKING PART IN

THIS WILL TAKE PLACE ON

FROM _____ TO _____

RSVP TO _____

PARTY REPLY

DEAR _____

I WILL / WILL NOT BE ABLE TO ATTEND YOUR BIRTHDAY PARTY AT

LEICESTER OUTDOOR PURSUITS CENTRE



10% OFF

10% off any birthday party price when presented to LOPC.



PERSONAL INFORMATION FORM

TO BE COMPLETED FOR ALL PEOPLE PARTICIPATING IN ACTIVITIES AT LOPC.

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Legal parents or guardians of people U18yrs and those persons legally responsible for vulnerable adults over 18yrs must complete, sign and return this form before any activities.

Party Activity: _____

Date: _____

PARTICIPANTS DETAILS:		
Title: Mr / Mrs / Ms / Other:	First Names:	Surname:
Female / Male	Date of Birth:	Email:
Address:		
Postcode:		
Mobile Number:	Daytime Tel no:	Evening no:
Emergency Contact Name:		Emergency Tel No:

MEDICAL INFORMATION		
Have you, or the person you are completing this form for, ever had or currently have any of the following?		
Heart problems of any kind?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
High Blood Pressure?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Recurrent back problems or surgery	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Epilepsy, seizures, convulsions or medications to prevent them?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asthma, wheezing when breathing or wheezing with exercise?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any arm or leg problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Do you regularly take prescription or non-prescription medications?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Are you pregnant? (women only)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Any other medical conditions that we should be aware of?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes to any of the above then please detail:		
<p style="text-align: center;">Any medication that may be required must be available during the activity.</p>		

PLEASE COMPLETE BOTH SIDES OF THIS FORM