

Course Booking Form

This form should be completed by the person enrolling on the course. If the person is Under 18yrs old then the person with legal responsibility must sign and date the form below:

Course Title:			
Course Number:		Course Dates:	
Name:		BCU No (if applicable):	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>		Age: <input type="checkbox"/> Under 18yrs (Age ___) <input type="checkbox"/> 18-30yrs <input type="checkbox"/> 31-50yrs <input type="checkbox"/> 51yrs+	
Address:			
Post Code:			
Daytime Tel:		Evening Tel:	Mobile:
Email:			
Emergency Contact Name:			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, with 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
Women (are you pregnant?)		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes to any of the above or any other medical conditions that we should be aware of, then please explain below:			
Please list any BCU star tests, safety tests, First Aid or BCU coaching awards, or other governing body coaching awards you may hold if any.			
Current 1st Aid Expiry date:			



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

We may take photos of you or this participant for future advertising brochures. Please state whether this is acceptable. No Yes

Acknowledgement of risk:

There will always be some risk involved in any type of adventurous activity and indeed the benefits of the activity would probably be nullified 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 understand 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 in the event of an accident.
- Please tick here if you would like this personal information sheet destroying after your activity. All forms will be otherwise used for statistical and marketing purposes by LOPC.

Participant Over 18years or Parents or legal guardians	
PRINT Name:	
Date:	Signature:

Payment can be made over the telephone using a debit or credit card, or sending a cheque payable to "LOPC". Please return this booking form to:

Leicester Outdoor Pursuits Centre
 Loughborough Rd
 Leicester
 LE4 5PN

IMPORTANT: (BCU Course Only) Please ensure that you have registered with the BCU by sending them a CR form with your fee. They will forward you a logbook and return the CR form. You will need these on the first day of the course. (No form, no course!)

For Office Use only:		Staff Initials:	
Date received:		Date confirmation sent:	
Payment enclosed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Paid	£
Cheque Chq No: <input type="checkbox"/>	Card Receipt No: <input type="checkbox"/>	Cash <input type="checkbox"/>	