



White Hall

Outdoor Education centre



Accompanying Adult Registration Form

General Information:

School/Organisation: _____

Dates: From: _____ To: _____

Name: _____ Sex: Male / Female

Home Address: _____

_____ Post Code: _____

Emergency Contact Information:

Contact Name: _____

Telephone Numbers: Day _____ Evening: _____

Mobile: _____

Medical Information:

Do you suffer from any medical conditions or allergies that it would be helpful for White Hall staff to be aware of?

If YES, please specify: _____

Name and address of your family Doctor: _____

Telephone Number: _____

Dietary Requirements:

Please ensure that any special dietary requirements are entered on the Dietary Requirements Form.

Declaration:

I understand that participating in a course at White Hall may involve me taking part in such adventurous activities as, but not limited to, stream walking, rock scrambling, orienteering, caving, high ropes course and climbing wall.

Signature: _____

Please print name: _____

Information for Accompanying Adults – January 2018 (V1)