



Consent/Participant Details Form

To optimise the benefits of your stay at White Hall Centre, we require the following information. Your thorough completion of this form is appreciated.

Participant Information:

- Full Name: _____ Date of Birth: _____ Gender: _____

- School/Organisation: _____ Age/Year Group: _____

- Dates From: _____ To: _____

- Home Address: _____

_____ Post Code: _____

Emergency Contact Information:

- Name: _____

- Relationship to course member: _____

- Phone Number(s): _____

Alternative emergency contact:

- Name: _____

- Relationship to course member: _____

- Phone Number(s): _____

Medical Information:

- Any allergies, medical issues, conditions requiring medical treatment, or take medication regularly? **YES / NO**

If YES, please specify:

Name and address of family Doctor: _____

Phone Number: _____

- Any dietary requirements? **YES / NO**

If YES, please give details: _____

Personal Information:

- Can ride a bike? **YES / NO**
- Any SEND, additional needs, or behavioural issues we should know about?

(Please use additional sheets and attach if necessary)

Consent for photography:

Photographs may be taken for use in the marketing of the Sport and Outdoor Residential Education Service (White Hall, Lea Green, & School Visits Service) and the Friends of White Hall Centre Charity.

Tick this box if you consent to photographs to be used of you/your child:

Please notify the organisation, school, or White Hall Centre promptly of any changes to the provided information.



Declaration:

Please sign and complete the following:

- I have read the course information and agree to comply with safety requirements. For participants under 18, I consent to my child's involvement.
- I have understood the nature of the activities and accept the risk involved.
- I understand that in the event of an accident, loss, or damage, Derbyshire County Council will only accept liability when caused by the negligence of the County Council, its employees, agents, or subcontractors.
- I acknowledge that personal accident, loss, or damage, as well as cancellation insurance, is not provided by White Hall Centre and must be arranged either by myself or by the party leader on my behalf.
- I agree to the named participant receiving any medical treatment deemed necessary by medical professionals in the event of an emergency.
- I understand that planned activities may change for safety reasons.
- I understand and consent to White Hall Centre retaining this information solely for parental and medical consent purposes.
- I consent to White Hall Centre retaining the personal data in this form for insurance purposes, adhering to GDPR, White Hall's Privacy Policy, Retention Schedule, and the Limitations Act (1980), for 7 years, and for 25 years from the individual's birth date in the case of a serious accident.

Signature (of parent/carer if under 18): _____

Print name: _____ Date: _____

Please return the completed consent form to the group or school leader.