

OCRA REGISTRATION FORM FOR ALL ACTIVITIES

In accordance with the 1989 Children's Act



OCRA IS A CHARITY THAT AIMS TO MAINTAIN & IMPROVE
SPORTING/RECREATIONAL OPPORTUNITIES & FACILITIES FOR
OKEHAMPTON AND THE SURROUNDING AREAS

Please complete and sign the form below

NAMES OF PARENT/GUARDIAN _____

ADDRESS _____

POST CODE _____

DAY TIME TEL _____ EMERGENCY _____

EMAIL ADDRESS _____

NAMES OF CHILDREN & DATE OF BIRTH _____

NAME OF SCHOOL _____

DOCTORS NAME & TELEPHONE NUMBER _____

Further INFORMATION i.e. medical information _____

- * I consent to any emergency medical treatment that is required by my child during the session. The first aid to be carried out on site by OCRA first aid staff.
- * I confirm that my child is in good health & I consider him/her fit to participate
- * I consent the photographs/film being taken of my child and OCRA confirm that the photographs/film will only be used by OCRA to meet funding requirements/local newspapers/OCRA information & promotional material.

SIGNED _____ DATE _____

OCRA on behalf of itself, employees and agents hereby disclaims all liability, except where negligence can be proven in respect of personal injury or loss suffered by participants attending this session/activity.

We reserve the right to cancel any activity where insufficient numbers apply.

OCRA RESERVE THE RIGHT THAT SHOULD YOUR CHILD BEHAVE IN A MANNER THAT IS DEEMED UNACCEPTABLE WE WILL CALL YOU AND ASK YOU TO COLLECT YOUR CHILD IMMEDIATELY.

PARENTAL CONSENT FOR OFF-SITE ACTIVITIES

Please complete the following which relates to the forthcoming journey or activity. This form gives your consent for your child to take part in this activity. i.e. swimming, assault course, table tennis etc.

Swimming ability for water based activities

Is your child able to swim 50 metres?

YES/NO

Is your child confident in the water?

YES/NO

Please note the children **MUST BE AGED 8 YEARS & OVER** to participate in swimming.

Signature of parent/guardian: _____

Special details

Any relevant information concerning your child's health requiring special attention but which does not prevent him/her taking part should be noted below. For example does your child:

- Have allergies?
- Take medication and if you require us to administer the medication please advise us as soon as possible. If they have medicine they need to administer themselves please also advise us at the time of registration.
- Experience travel sickness?
- Have diabetes, asthma or epilepsy?
- Does your child require any special needs that we should be aware of or does your child need ??

Please use this box to write any information we need to know in respect of the above or any other information you wish us to know about your child.