



Te Ope Whakāora

BLUE MOUNTAIN ADVENTURE CENTRE

MEDICAL AND CONSENT FORM

Name:		Date of Birth: (DD/MM/YYYY)	Age:	Male Female
Address:			Corps/church:	
Ph (home):	Ph (cell):	Email:		

IN CASE OF EMERGENCY PLEASE CONTACT

Name:	Relationship:	Ph (home):	Ph (cell):
Date of last tetanus injection: (DD/MM/YYYY)	Are you confident in water? Yes No	Can you swim? 10m 25m 50m 50m+	
	IF FEMALE, are you pregnant? Yes No	IF YES, how far along are you? 1-13 weeks 14-26 weeks 27-40 weeks	

Please indicate if you suffer/have suffered from: (If ticked, please briefly describe below, including previous treatment and how this may affect your participation at BMAC)

Allergies	Heart Complaints	Mental Illness	Description:
Poor Balance	Diabetes	Other:	
Asthma	Epilepsy		

Please indicate any previous injuries: (If ticked, please briefly describe below, including previous treatment and how this may affect your participation at BMAC)

Head	Neck/Back	Shoulders	Description:
Arms/Wrists/Hands	Chest	Abdomen	
Hips/Pelvis	Legs/Ankles/Feet	Other:	

Do you have any further concerns that could influence your participation in any activities or special instructions that your Instructor should know about?

Are you vegetarian / have food allergies / special food requirements? Please describe:

At BMAC we often take photographs and video that may be used for promotional purposes, including placing photos on our Facebook page: www.facebook.com/BlueMountainAdventureCentre. PLEASE TICK 'NO' IF YOU DO NOT CONSENT TO THIS: **NO**

Adventure activities contain a degree of risk. While recognising that we will do our best to ensure safety and manage all risks, The Salvation Army Blue Mountain Adventure Centre cannot guarantee your safety.

In the event of an accident or illness, I authorise the obtaining of such medical assistance for myself as may be thought necessary by the staff of The Salvation Army Blue Mountain Adventure Centre. I also agree to abide by all rules set down by The Salvation Army Blue Mountain Adventure Centre.

I accept that I am fully responsible for my own actions.

Signed (Participant):	Date:
Signature of Parent/Guardian: (If participant under 18 years)	Date: