

Participant Registration Form

Allerthorpe Lakeland Park
Melbourne Rd.
Allerthorpe
York
YO42 4RL
AALA NUMBER: L11752/R1525



All safety equipment will be issued by Allerthorpe Lakeland Park, buoyancy aids will be correctly fitted and must be worn at all times when on or near the water. Safety cover will be provided via the motorised rescue launch in operation on the lake.

On completion of this form, I am acknowledging that participating in watersports/adventure activities can require significant physical effort, further I am aware of the risks of capsize and sudden/prolonged immersion in cold water, such as the exacerbation of medical conditions for example: asthma and heart conditions.

I have read, understood and agree to abide by that stated in the ALP Safety Statement and Kit List.

Participant Details	
Name	
Date of birth	
Address	
Telephone No.	
Next of Kin	
Course/Activity/Organisation	
Date of activities	
Fee (If applicable)	

Health Declaration (Please delete as appropriate)		
Chronic illness	Yes	No
Minor surgery in the past 6 months	Yes	No
Major surgery in the past 12 months	Yes	No
Allergies	Yes	No
Medication	Yes	No
If you have answered Yes to any of the above, please give details below, or speak in confidence with your instructor.		

Swimming Ability (Please delete as appropriate)			
Good	Average	Poor	Non-Swimmer

Periodically Allerthorpe Lakeland Park will take photos for marketing purposes; if you consent for the participant named above to be included in this opportunity, please tick the box provided.

A parent or guardian must sign for any participant under the age of 18 years.

Please Sign & Date	
Date	
Signature	

Any and all details stated above are for the sole use of Allerthorpe Lakeland Park and so will be kept in accordance with the data protection act and will be destroyed after use.