



## Behaviour Agreement for Longridge

- ✓ No Smoking – Longridge is a no smoking site.
- ✓ No alcohol or illegal substances
- ✓ No going off-site
- ✓ No fighting
- ✓ Do not leave anyone out of the group
- ✓ Respect for each other and the staff
- ✓ You must wear all safety equipment provided
- ✓ You must listen to the activity instructor

I agree to abide by these guidelines:

Name of young person: .....

Signature of young person: .....

**I agree to my young person being searched for alcohol and illegal substances if necessary:**

Name of parent / guardian: .....

Signature of parent / guardian: .....

### PARENTAL CONSENT FORM

**Young Person's Name:** .....

**Date of Birth:** .....

**Club:** Longridge

**Date:** Wednesdays

I agree to ..... (name) taking part in this club and have read the information sheet. I agree to ..... 's (name) participation in Longridge activities. I acknowledge the need for ..... (name) to conform to the code of conduct that has been agreed.

**Medical Information About Your Son/Daughter**

Any medical conditions, including medication? **YES/NO**

If yes please give brief details

.....

Please outline any special dietary requirements of your son/daughter and the type of pain/flu relief medication your son/daughter may be given if necessary:

.....

Is your son/daughter allergic to any medication? **YES/NO**

.....

When was the last time your child received a tetanus injection?

.....

**Declaration**

I agree to my son/daughter receiving medication as instructed and any urgent dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I will inform the group leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Signed: ..... Full Name (Capitals): .....

Date: .....

**Contact telephone numbers**

During club hours I may be contacted by telephoning the following number/s:

Tel: ..... Mobile: .....

Home address:

.....  
.....

**Name and address of family doctor**

Name: ..... Tel: .....

Address:.....  
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