ENROLMENT AND MEDICAL INFORMATION

Please complete all questions on this form fully and honestly. The information provided will be treated in the strictest confidence and is essential in order to enable Outward Bound Netherlands to provide appropriate medical help and support, if required. Please ensure that this form is completed and returned to the group leader at least six weeks prior to the start of your course.

Information for parents and guardians

For many parents or guardians this may be the first time your child is taking part in a residential course. You can access all the essential information at www.outwardboundnetherlands.com.

Confidential information

If you wish to advise our staff of any confidential issues which may affect you during your course, please complete the section on page 3.

Medical details

If at the start of your program it is found that information has not been given correctly, Outward Bound Netherlands reserves the right to refuse participation. If there are any changes to your medical details you must inform the office immediately.

Visiting Staff

People aged 45 and over have a higher risk of heart problems, fractures and other conditions if they suddenly take up moderately demanding physical exercise of any kind. This is particularly true of people who do not take regular exercise or who are overweight.

If you are concerned about your physical suitability for the course, please feel free to contact us, or seek advice from your doctor and obtain confirmation that it is appropriate for you to participate.

PARTICIPANT DETAILS

First Name	Surname
Date of Birth	Male / Female
Home Telephone	Mobile
E-Mail	
Home Address	
City	Postcode

Important Contacts	Emergency Contact	Alternative Emergency Contact	Alternative Emergency Contact
Name			
Address			
Tel Home			
Mobile			
Relationship to participant			

Your Doctor	Your Doctor's Surgery	Your Doctor's Surgery	Your Doctor's Surgery
Name			
Address			
Tel Home			
Mobile			

MEDICAL INFORMATION

HAVE YOU EVER HAD?	YES/NO	IMPORTANT: If you answer 'yes' to Q1-5, you MUST complete the relevant Supplementary Medical Questionnaire sent to you.
1. Heart trouble, angina, raised blood pressure?	Y / N	
2. Asthma, bronchitis, tuberculosis or other lung conditions?	Y / N	
3. Diabetes?	Y / N	
4. Epilepsy, fainting attacks, migraine, severe head injury?	Y / N	
5. Allergy to foods (e.g. nuts, dairy produce etc.)?	Y / N	
6. Other allergic reactions (e.g. bee stings, detergent.)?	Y / N	
IMPORTANT: If you answer 'yes' to Q7-17, please give details, including dates, below (continue overleaf if necessary).		
7. Nervous illness, depression or other psychiatric condition?	Y / N	
8. History of broken bones, muscle tears or tendon/ligament damage?	Y / N	
9. Stomach, digestive, abdominal problems?	Y / N	
10. Blood disorders?	Y / N	
11. Bladder, urinary problems?	Y / N	
12. Severe hearing or visual impairments?	Y / N	
13. Are you suffering from, or are you a carrier of, any infectious diseases, or have you travelled from an area where you may have been exposed?	Y / N	
14. Have you been treated by a doctor or in hospital within the last two years for anything other than a trivial complaint?	Y / N	
15. Are you taking any medication? (If so, please state the condition being treated, name the medication, state the dosage details and ensure that you bring enough.)	Y / N	
16. If female, do you know or suspect that you are pregnant? (If so state at what stage of pregnancy you will be when starting your course.)	Y / N	
17. Do you have, or suffer from, any other diagnosed medical or physical condition or is there anything else you wish us to know about?	Y / N	

Additional Information – Medical or Confidential

Dietary Preferences: please state any dietary preferences below, eg. vegetarian, Halal, etc.

(If you have a food allergy please ensure you have completed Question 5 and the relevant supplementary medical questionnaire.)

SWIMMING ABILITY (CHECK ONE)

❑ Non-Swimmer ❑ Moderate Swimmer ❑ Current Lifesaving Certificate

❑ Weak Swimmer ❑ Strong Swimmer

BIKING ABILITY (CHECK ONE)

❑ Non-Biker ❑ Moderate Biker

❑ Weak Biker ❑ Strong Biker

During your program, Outward Bound may take photographs or video clips to be used in OBNL's supporters' marketing material, course reports and websites. Please tick the box if you wish us to use images or footage of you.

YES

NO

CONSENT

Safety and acknowledgement of risk

We have more than 70 years' experience in providing adventurous activities and consider our safety arrangements to be at the forefront of the adventure activity industry. The risk of serious injury to participants is extremely small but it is not non-existent. We take a great deal of care of participants' safety. However, as in any adventure activity, there will be some factors beyond our control. Participants will be briefed before every activity and are expected to follow the safety procedures explained to them and to indicate if they are unsure of what is expected of them. Participants are never forced to do an activity and if any participant has concerns, they should make these known to their instructor. The level of risk associated with Outward Bound activities is normally very low, and probably no greater than that experienced by active people in everyday life.

I DECLARE THAT ALL MEDICAL AND ENROLMENT INFORMATION ON THIS FORM IS TRUE AND THAT I HAVE NOT WITHHELD ANY RELEVANT INFORMATION AND I UNDERSTAND AND ACCEPT THE ABOVE SAFETY AND ACKNOWLEDGMENT OF RISK STATEMENT:

- If participant is over 18, the participant must hand sign below:

  ..... Date:.....

- A parent/guardian must sign for a participant who is under 18, and by signing you endorse the following statement:

  "I consent to the above-named person participating in the course and consent to him / her taking part in all activities. In the event of an emergency and The Outward Bound being unable to contact me, I give permission for any medical treatment deemed necessary, to maintain his / her well-being."

  Parent/guardian, please hand sign below:

  .....

  Date:..... Print name .....

  Relationship to participant:……

PARTICIPANT QUESTIONNAIRE

NAME: .....

Completing the questionnaire will ensure you make the most of your Outward Bound experience. Please take the time to fill it in, as your instructor may use the information during a 1:1 session with you.

How would your friends and family describe you?

.....

.....

What do you believe are your character strengths, and what would you like to improve?

.....

.....

Tell us about a moment in your life which you are proud of.

.....

.....

Describe a recent experience which you found challenging.

.....

.....

What are your goals or ambitions for the future?

.....

.....

How do you feel about being part of a group? Is it something you find fun, difficult or scary?

.....

.....

OFFICE USE ONLY	
Initial:	Dated:

For further information on Outward Bound Netherlands please visit our website at www.outwardboundnetherlands.com