

Please fully complete this Registration & Medical Consent Form, and sign where indicated – the signatures of both the participant and a parent (if participant is under 18) are required. Incomplete and unsigned forms will be returned and this may affect the participant's ability to take part on the expedition programme.

Section 1: Personal Details

School/Organisation: _____

First Name: _____ Surname: _____

Preferred First Name: _____ Male / Female: _____

Home Address: _____

Contact Number Home: _____ Mobile: _____

e-mail: _____

Date of Birth: _____ Age: _____

Section 2: DofE Information

Which Expedition Level are you applying for (please tick one): Bronze: Silver: Gold:

Which Mode of Travel are you applying for (please tick one): Walk: Canoe:

If you have done a Bronze Expedition, which year was it in?
(if you haven't completed Bronze, please leave blank): _____

If you have done a Silver Expedition, which year was it in?
(if you haven't completed Silver, please leave blank): _____

eDofE ID Number - this is in the top left of your Home screen when you log on to eDofE.
(If you have just enrolled to do DofE or cannot find your eDofE ID, please ask your School or Youth Group Leader). _____

For canoeing expeditions only - please tick to confirm that you can swim at least 100 metres:

Section 3: Next of Kin Information

Name of Next of Kin: _____

Address: _____

Contact Number – Home: _____ Mobile: _____

Relationship to Participant: _____

In the event that this participant has to withdraw from the expedition or need any medical treatment, the next of kin will be contacted and must be available to collect the participant from the expedition area if required.

Section 4: Medical Information

This section must be completed by a parent or guardian if the participant is under 18. Please provide as much information as you are able to as this will help us to support the participant during the expedition. All information will be handled sensitively and in the strictest confidence, and will only be shared with the school and the leaders. We may request further information or a letter from a doctor or consultant.

Does the participant have:

- a heart condition, blood circulation condition, or problems with breathing, including asthma?
- a bone or joint condition, weak muscles or tendons, including Osgood-Schlatters disease?
- anxiety, stress, seizures, autism, or psychological disorders?
- received or waiting for any hospital or treatment for any condition?
- been referred to or seen by a hospital doctor or surgeon during the past 12 months?
- to currently taking any prescribed medication?
- to carry / use an epi-pen?
- an allergy or any anxieties relating to dogs?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Please tick if the participant has any of the following allergies?

- Hayfever
- Penicillin
- Nuts
- Animal Hair or Fur

If you have answered yes to any of the above questions, or have any other information that affects the medical health & well-being of the participant whilst undertaking the expedition, please detail this below (continue on separate sheet if necessary):

Please provide name, address and telephone number of your GP:

Name of GP: _____

Practice Name & _____

Address: _____

Telephone Number: _____

Section 5: Declaration

Completing this form means that you or your son/daughter have applied to take part in a DofE expedition programme being delivered by Karos Adventure Ltd. By completing & signing this form, you agree:

- to pay the full expedition fee that is charged. Please note that we are unable to provide any refund if a participant withdraws once this form has been signed unless it is through serious injury preventing participation or exceptional circumstances.
- to inform us of any changes to the information contained in this form as soon as is possible. Failure to disclose any future changes to this medical form may preclude the participant from taking part in the expedition, being insured or for an insurance claim not being covered
- to attend all the dates that have been agreed for delivery of your Planning & Training, Practice Expedition and Qualifying Expedition.
- to respect the leaders and staff of Karos Adventure at all times, listening to and acting upon any advice and instructions given, and conduct yourself with the highest standards of behaviour. Any participant who is disruptive or disrespectful will be asked to leave the training or expedition and will not receive any refunds.
- to look after any equipment issued for the use by the participant or their team during training or expedition, and return it complete and in good condition. Teams or individual participants will be charged for any lost or broken equipment at RRP plus an admin fee.
- for any minor first aid to be provided by our leaders should it be required whilst on the training or an expedition.
- that any adventurous activity or expedition carries with it a certain amount of risk and that physical injury could occur to participants whilst on an expedition. We will take every possible precaution to reduce that risk in line with our operating procedures and risk assessments.
- to allow any photos taken, which will be used in Assessors Reports and may be used in marketing purposes solely by Karos Adventure Ltd.

Signed – Participant: _____ Date: _____

Signed – Parent/Guardian: _____ Date: _____