



Participant Booking Form

Group Information

Group Name	
District	
County / Province	
Country	

Participant Information

First Name	
Last Name	
Address	
Date of Birth	DD / MM / YYYY
Sex	
Participant Type	<input type="checkbox"/> Young Person <input type="checkbox"/> Leader
NHS Number	
Health Insurance	
Enrolled in KIJ Creche?	

Next of Kin

Person 1

Name	
Relationship to Participant	
Telephone Number	

Person 2

Name	
Relationship to Participant	
Telephone Number	

Person 3

Name	
Relationship to Participant	
Telephone Number	



Participant Booking Form

Disability Questionnaire

1 – Does this participant have any physical disability that we need to cater for?

If Yes, please provide details

Yes

No

2 – Does this participant have any mental or learning disability that we need to cater for?

If Yes, please provide details

Yes

No

3 – Does this participant have any behavioural/social disability that we need to cater for?

If Yes, please provide details

Yes

No

4 – Does this participant have any welfare requirements that we need to cater for?

If Yes, please provide details

Yes

No

5 – Is there any other information that you feel we need to know to enable this participants stay to be as enjoyable as possible?

If Yes, please provide details

Yes

No



Participant Booking Form

Medical Questionnaire

1 – Does this participant have any medical conditions that we need to cater for?

If Yes, please provide details

Yes

No

2 – Does this participant suffer allergic reaction to any foods, medication or environmental factors?

If Yes, please provide details

Yes

No

3 – Is this participant taking any medication?

If Yes, please provide details

Yes

No

4 – Has the participant suffered any illness in the last 6 months?

If Yes, please provide details

Yes

No

5 – Has this participant been hospitalised in the last 6 months?

If Yes, please provide details

Yes

No

6 – Has this participant been in contact with anyone with a contagious illness or disease in the last 6 months?

If Yes, please provide details

Yes No



Participant Booking Form

Activity Consent Questionnaire

Do you have parental permission for this participant to take part in these activities...

Group 1 – Land Activities		
Blocarting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Climbing / Abseiling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No [Ages 14+ only]

Group 2 – Water Activities		
Canoeing / Kayaking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sailing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Group 3 – Shooting Activities		
Air Rifle Shooting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Archery	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Group 4 – Air Activities		
Air Flights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Microlight Flights	<input type="checkbox"/> Yes	<input type="checkbox"/> No [Ages 14+ only]

Group 5 – Leader Activities		
Camp Bar *	<input type="checkbox"/> Yes	<input type="checkbox"/> No [Ages 18+ only]

* Age restricted

Leader Information (Leaders and Network only)

National Membership #	
Mobile Tel #	
Email Address	
DBS #	