



## Oakwood Youth Challenge Health and Consent Form

Name of Group you are with: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Tel: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

### Medical Conditions

Please tick the answers below. If you answer 'Yes' to any of the questions, please provide further information. It is your responsibility to inform OYC of any changes in your medical condition once this form has been completed.

	Yes	No	Details
Do you have any significant medical conditions such as heart condition, asthma, diabetes pregnancy etc.?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any significant injuries such as broken bones or torn ligaments in the last 3 months? (Participants with said injuries in the last 3 months are not normally allowed to participate).	<input type="checkbox"/>	<input type="checkbox"/>	
Is your tetanus vaccination up to date?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any SEN?	<input type="checkbox"/>	<input type="checkbox"/>	

### Rifle Shooting Declaration

Section 21 of the Firearms act 1968 prohibits the possession or use of airguns by any person who has been convicted of a crime and sentenced to a term of imprisonment (or its equivalent for young persons) of 3 months or more.

I declare that I, or the under-18 I have responsibility for, may take part in rifle shooting at Oakwood Youth Challenge	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
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### Consent

By signing the health and consent form you are consenting for you or the under-18 you have responsibility for to take part in all activities run by Oakwood Youth Challenge (with exception of Rifle Shooting if not checked 'yes').

Under 18's

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Over 18's

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Email Updates

If you would like to sign up for email updates for youth clubs, courses and activity days please provide email address below:

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