



HEALTH AND CONSENT FORM

GENERAL INFORMATION

Name of Group you are with: _____
 Name: _____ Age: _____ DOB: ___/___/___
 Address: _____
 _____ Tel (landline): _____
 Name of Emergency Contact Person: _____
 Tel (landline): _____ Tel (Mobile): _____
 Doctors Name: _____ Tel: _____

MEDICAL CONDITIONS

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

	No	Yes	Details
Do you have any significant medical, physical or psychological conditions, including heart condition, spleen removal or pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had any significant injuries in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you taking any medication / treatments at present?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any allergies or asthma?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you use an inhaler (if so, what colour)?	<input type="checkbox"/>	<input type="checkbox"/>	
Is your tetanus vaccination out of date?	<input type="checkbox"/>	<input type="checkbox"/>	

CONSENT

UNDER 18'S: I, _____ (*parent/guardian*), understand that Oakwood Youth Challenge programmes may contain activities that contain an element of risk, and give consent for _____ (*child*) to participate in these activities. I also give permission for Oakwood Youth Challenge to secure emergency hospital care for my child in the event of an accident.

SIGNED: _____ (Parent / Guardian) **DATE:** ___/___/___

OVER 18'S: I, _____, understand that Oakwood Youth Challenge programmes may contain activities that contain an element of risk, and willingly agree to participate in these activities. I also give permission for Oakwood Youth Challenge to secure emergency hospital care for me in the event of an accident.

SIGNED: _____ **DATE:** ___/___/___

RIFLE SHOOTING DECLARATION

Please complete this part of the form if the applicant wishes to do rifle shooting at Oakwood. Otherwise this part of the form may be ignored.

PLEASE READ THIS EXTRACT FROM THE FIREARMS ACT 1968 CAREFULLY BEFORE SIGNING BELOW

Section 21 of the Firearms Act 1968 prohibits the possession of a firearm and ammunition (under any circumstances), 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. The prohibition applies in all circumstances, including handling and firing at an approved shooting club or at a clay pigeon shoot where a certificate is not ordinarily required. It also applies to the possession or use of other categories of firearms and ammunition such as airguns or shot gun cartridges for which a certificate is not needed.

A sentence of 3 months to 3 years attracts a 5 year prohibition, shorter sentences no prohibition, but a sentence longer than 3 years means a life ban.

PERMISSION / DECLARATION TO PARTICIPATE IN RIFLE SHOOTING AT OAKWOOD YOUTH CHALLENGE

UNDER 18'S:

In respect of _____ (*child's name*), I declare that they are not subject to restriction by virtue of the regulations set out in Section 21 of the Firearms Act 1968 (detailed above). I hereby give my permission for them to take part in a rifle shooting session at Oakwood Youth Challenge, where I understand the instructors are qualified under the National Smallbore Rifle Association's Youth Proficiency Scheme.

PARENT / GUARDIAN NAME: _____

SIGNED: _____ **DATE:** ___/___/___

OVER 18'S: I declare that I am not subject to restriction by virtue of the regulations set out in Section 21 of the Firearms Act 1968 (detailed above). I hereby consent to taking part in a rifle shooting session at Oakwood Youth Challenge, where I understand the instructors are qualified by the National Smallbore Rifle Association.

SIGNED: _____ **DATE:** ___/___/___