



## DUKE OF EDINBURGH'S AWARD SCHOOL EXPEDITION BOOKING, MEDICAL & CONSENT FORM

This form must be completed and returned to Reach Outdoors Ltd to book your place on a School Expedition. This form will be shared with any supervisors, assessors that are involved in your expedition. For participants under 18 years of age a parent, or person with parental responsibility, must sign the form.  
Please use **BLOCK CAPITALS** to complete the form.

### Participant's Details

First Name		
Last Name		
Date of Birth		
Male / Female		
Home Address		
Postcode		
Email Address		
Telephone – Home		
Telephone - Mobile		
<b>Person to be contacted in an emergency:</b>		Tel - Daytime (work)
Name		Tel - Home
Address		
Relationship to participant		Mobile

### Medical Information

*Please fill this in as fully as possible.*

Please give details of any medical conditions e.g. asthma, diabetes, epilepsy.  <input type="checkbox"/> None
Please give details of any medication currently taking and how often needed. <i>(If regular medication is needed please ensure that sufficient is provided to last throughout the trip)</i>  <input type="checkbox"/> None
Please give details of any recent medical treatment.  <input type="checkbox"/> None
Please give details of any allergies e.g. to medications or food.  <input type="checkbox"/> None
Please give details of any dietary requirements.



Please give details of any existing long term injury / medical condition that may affect the participant during expedition (e.g. ankle or knee injury)	
<input type="checkbox"/> None	
Has the participant been in contact with any contagious diseases in the last 4 weeks?	
<input type="checkbox"/> None	
<b>Date of last tetanus injection</b>	
<b>Name of Participant's Doctor</b>	
<b>Doctor's Address / Telephone</b>	
<p><b>Please read the following points carefully before signing this form and returning it to Reach Outdoors Ltd. If Participants are over 18 they can sign the form themselves.</b></p> <p>I understand that participants will not be supervised by Reach Outdoors at all times during the expedition as participants must be self reliant and unaccompanied. My son / daughter is / I am aware of the responsibility to follow the standards of behaviour and safety instructions explained by the Leaders and that they / I must respect the authority of the Leaders to ensure the safety of themselves / myself and other group members.</p> <p>I undertake to inform the Group Leader in writing of any changes in the health of my son / daughter / myself prior to the date of activity.</p> <p>I agree that those in charge may give permission for my son / daughter / myself to receive emergency medical treatment if recommended by Doctors.</p> <p>I understand that expeditions can be physically demanding and my son / daughter / I will need to carry their / my own rucksack with all their / my equipment on their / my back during the expedition.</p> <p>I understand that Reach Outdoors Ltd will take all reasonable steps to provide participants with the level of care and safety arrangements as appropriate to the activity undertaking, but I understand that outdoor activities like walking / kayaking can be dangerous and there is the risk of personal injury and in very extreme cases the possibility of fatality.</p> <p>I understand that if my son / daughter is / I am physically unfit to take part in the expedition they / I can be withdrawn from the expedition.</p> <p>I understand that Reach Outdoors Ltd has Public Liability Insurance and a copy is available from the Office. I understand no insurance is provided if my son / daughter / I can no longer take part in the booked course or for any loss of damage to personal property during the expedition.</p> <p>I give permission for any photographs taken of my son / daughter / myself during the expedition to be used for DofE publicity purposes by Reach Outdoors Ltd.</p> <p>If you <b><u>DO NOT GIVE PERMISSION</u></b> for use of photos please sign here _____ Signed</p>	
<p><b>I confirm that I have read and understand the points above.</b>  <b>All information supplied is correct at the date of signature.</b></p>	
<b>Signature Parent or Guardian or Participant if over 18</b>	Date
<b>Relationship to Participant</b>	



I confirm that I am fit enough to take part in the expedition programme.	
I confirm that as a participant I have read and understand the points above and I agree to behave in a responsible manner during the expedition and follow reasonable behaviour and safety instructions given by the Leaders.	
Signature of Participant	Date

## Booking

DofE Award	<input type="checkbox"/> Silver	<input type="checkbox"/> Gold	
Expedition	<input type="checkbox"/> Training	<input type="checkbox"/> Practice	<input type="checkbox"/> Assessment
Course Dates	7 <sup>th</sup> / 8 <sup>th</sup> April 2015 : Training 31 <sup>st</sup> March – 2 <sup>nd</sup> April : Practice Expedition 18 <sup>th</sup> – 21 <sup>st</sup> June : Assessment		
Course Location	South Devon		
Age at beginning of expedition	Years	Months	
Are you happy for us to pass your name, email & area travelling from on to other group members?	Yes	No	

## Duke of Edinburgh's Award

DofE Candidate number (In you record book / eDofE)		
Have you completed an Award	<input type="checkbox"/> Bronze Year completed	<input type="checkbox"/> Silver Year completed
Have you completed any training	<input type="checkbox"/> First Aid and Emergency Procedures <input type="checkbox"/> Awareness of Risk and Health and Safety Issues <input type="checkbox"/> Navigation and Route Planning <input type="checkbox"/> Map and Compass Skills <input type="checkbox"/> Camp Craft Equipment and Hygiene <input type="checkbox"/> Food and Cooking	



	<input type="checkbox"/> Countryside and Highway Codes <input type="checkbox"/> Observation Recording and Presentations <input type="checkbox"/> Team-building
<b>Have you already completed any practice expeditions for the Award you are now undertaking?</b>	<b>Locations</b>  <b>Dates</b>
<b>DofE Group</b> (School / Youth club / Open Award Centre)	
<b>Operating Authority</b> (Local Authority)	
<b>Are you booking on the expedition with a friend?</b>	Yes                      Name  No

**You need to post a copy of your record book or print out from your eDofE expedition page showing any Training or Practice expeditions signed off by your Award Leader.**

**Plus a copy of signed off Bronze or Silver Award if applicable.**

<b>Cost of Expedition: £380+ VAT per person</b>
<b>Deposit due: NA</b>
<b>Total Remaining Cost:</b>
<b>Remaining balance to be made payable by 16<sup>th</sup> Jan 2015</b>

**To confirm your booking please email or post to us:-**

- 1. Completed form**
- 2. Evidence of any Training / Practice expeditions already undertaken**
- 3. Evidence of Bronze / Silver Award already completed**
- 4. Make Payment either by cheque to 'Reach Outdoors Ltd' or direct to our bank account. Please leave your name as a payment reference.**



**Name: Reach Outdoors Ltd**  
**Account Number: 32536666**  
**Sort Code: 56 - 00 – 49**

**Or call us on 01626 873625 to make payment over the phone.**

Payment is refundable at the discretion of the directors. Please contact us if any of the above details or circumstances change.

Our terms and conditions for bookings can be seen on the website [www.reach-outdoors.com](http://www.reach-outdoors.com). There needs to be a minimum of 6 participants for a course to successfully go ahead. If this is not reached you will be offered an alternative date or a refund. Please spread the word about the opportunities available.

**Thank you for choosing to complete your Duke of Edinburgh expedition with Reach Outdoors.**