



# BroadTree Registration Form

Child's Name..... Date of Birth .....

Child's Address .....

Full names of adults authorised to collect this child (Holiday clubs only):

BroadTree sessions involve spending time outdoors in nature and proceed in almost all weather. Activities include using woodland materials to create artwork, building and cooking on fires, climbing trees, exploration and running games, tool use (including knives and saws) and shelter building.

Taking part in BroadTree sessions is conditional on the individuals recognising the potential for misadventure and/or personal injury. Participants must be aware of and accept these risks, and agree to hold responsibility for their own actions and involvement. Risk assessments and policies are available upon request.

BroadTree collect & record personal data including, next of kin contact details, medical conditions, session reports and photos to keep everyone safe and provide our service. We will never sell your data to third parties, and will only share it with your permission or in cases described in our privacy policy on our website.

I consent for my child to receive first aid if deemed appropriate by the session first aider, and for my child to receive emergency treatment from healthcare professionals if required.

I declare that in the event of any claim of compensation for an incident, the claim will only be against another party directly involved in that incident. No compensation will be sought from the Company or directors unless they are found, by law, to have acted in a grossly negligent or illegal manner.

I consent to the use of photographs and videos showing my child's likeness in social media and similar publicly-available content for promotional and educational purposes.

Your Name..... Relationship to Child.....

Your Address.....

Emergency contact names, relationships & phone numbers:

#1 .....

#2 .....

## Does your child have (or have a history of) any of the following? (Circle as appropriate)

Asthma / Bronchitis	Yes	No
<b>Diabetes</b>	<b>Yes</b>	<b>No</b>
Fits / fainting / blackouts	Yes	No
<b>Food Allergies</b>	<b>Yes</b>	<b>No</b>
Food Intolerances / dietary requirements	Yes	No
<b>Hay Fever</b>	<b>Yes</b>	<b>No</b>
Heart condition	Yes	No
<b>Known drug allergies (including sun cream)</b>	<b>Yes</b>	<b>No</b>
Migraine / severe headaches	Yes	No
<b>Physical disability</b>	<b>Yes</b>	<b>No</b>
Sight or hearing disability	Yes	No
<b>Special educational needs</b>	<b>Yes</b>	<b>No</b>
Any other medical condition	Yes	No

If you answered Yes to any of the above, please provide details:

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## Can we give the following medication if deemed appropriate by the session first aider?

<b>Piriton (Chlorphenamine Maleate) – Allergic reactions</b>	<b>Yes</b>	<b>No</b>
Eurax Cream (Crotamiton) – Insect / nettle stings	Yes	No

I've read, understood and agree to the content of this document & BroadTree's privacy policy. I've discussed the relevant content with my child in an appropriate manner, and made them aware of their responsibilities. I am happy for my child to be involved.

I confirm this is an accurate record and will inform BroadTree Ltd if anything changes. I confirm I am the parent / guardian, or have consent to sign on their behalf.

Signed.....

Print..... Date.....

Please email me on.....  
about future events. (Leave blank if you do not want to be contacted)

Please return this form to [contact@BroadTree.co.uk](mailto:contact@BroadTree.co.uk), or bring it with you on the day.