



BroadTree Registration Form

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

Child's Address

Collection password (Holiday clubs only, this will be randomly assigned if left blank):

I'm aware BroadTree sessions involve spending time outdoors in nature and proceed in almost all weather. I'm expecting my child to build and cook on fires, climb trees, play running games, use tools like knives and saws, build shelters, and engage in risky play, etc. I'm aware devices should be left at home due to the risk of loss or damage.

I recognise the potential for my child to experience injury and/or death at sessions. I accept that risky play carries an inherent level of risk, and want my child to be involved. I'm aware BroadTree manage risk to be 'as low as necessary', not 'as low as reasonably practicable'. I know other settings exist that provide lower risk environments, and I am freely choosing to send my child to BroadTree. I'm aware risk assessments are viewable on request.

I consent to my child participating in these activities, and I understand and accept that subject to statutory rights, BroadTree accept no liability for any injury, loss or damage sustained by me or my child whilst at BroadTree sessions.

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

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 (broadtree.co.uk/privacy)

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.

Please send me marketing emails about new session dates and locations.

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

Email 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
Diabetes	Yes	No
Fits / fainting / blackouts	Yes	No
Food Allergies	Yes	No
Food Intolerances / dietary requirements	Yes	No
Hay Fever	Yes	No
Heart condition	Yes	No
Known drug allergies (including sun cream)	Yes	No
Migraine / severe headaches	Yes	No
Physical disability	Yes	No
Sight or hearing disability	Yes	No
Special educational needs	Yes	No
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?

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

I've read, understood and agree to the content of this document & BroadTree's privacy policy, and want my child to be involved in sessions. I'm expecting to collect my child smelling of smoke, muddy, with new bumps, scrapes and cuts, and having run a lot.

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 return this form to contact@BroadTree.co.uk, or bring it with you on the day.