



# WATERSPORTS LESSON

## Safety Information

All participants must be included on this form. The form must be completed by a parent or guardian for any participant under 18 years of age. Please refer to minimum ages relating to this activity stated overleaf.

***Please note that these activities involve some physical exertion.***

The activity you are about to participate in is high risk, following the safety rules and advice will reduce that risk, failing to follow these rules and advice could result in serious injury. All personal data provided in this form relating to you and any named children will be processed by Center Parcs for the purposes of providing the activity. For more information about how we handle your personal data please see our full privacy policy available on our website or on request from Guest Services.

### Lesson type booked:

- Kayaking**       **Windsurfing**       **Sailing**       **Raft Building**
- Stand up Paddle board**       **Canoe Capers**       **Cable Ski**
- Aqua Park**

For your own safety & comfort:

- For pedaloos, buoyancy aids must be worn by all children under 14 and anyone who is not a competent swimmer.
- For all other activities buoyancy aids must be worn at all times whilst on the lake.
- Helmets are required for certain activities. They must be worn at all times that the instructor identifies without exception.
- Tie long hair back
- Remove jewellery and body piercings. (Please do not bring these to the session)
- Bring all medication you may need during the activity.
- Bring a swimming costume and towel.
- Cover all cuts and open wounds with a waterproof dressing.
- Shower after the activity.
- Participants must be able to swim 50m.

**Instructor Signature:** .....

**Comments**

**PLEASE READ MEDICAL QUESTIONNAIRE  
AND ANSWER QUESTIONS OVERLEAF**



# WATERSPORTS LESSON

## Medical Questionnaire

**You must not participate in this activity if any of the following apply to you, without first obtaining your doctor's written approval which we will need to see before allowing you to take part.**

- You suffer from heart disease, high or low blood pressure or any cardiovascular problem unless satisfactorily controlled by appropriate medication/treatment.
- Undiagnosed pains in your heart or chest, particularly associated with minimal effort.
- Breathing difficulties, including asthma where this is not satisfactorily controlled by medication.
- Epilepsy where this is not satisfactorily controlled by medication.
- Back pain or limited movement in any joint, particularly where this is made worse by exercise.
- You are recuperating from any serious illness, injury or operation.
- You are currently pregnant or have recently given birth and experienced any difficulties during pregnancy/birth.
- You are taking medication which may cause drowsiness.
- You have frequent episodes of feeling faint or spells of dizziness.
- If you suffer from any other condition which increases the risk or severity of injury from impact.
- If you have a medical condition which may affect your ability to take part in an activity, or could be worsened by taking part in an activity, then advice should be sought from your doctor and you must advise us prior to taking part in the activity.

**Do any of the above apply to any of your party?**

**YES / NO** (delete as appropriate)

If YES, please provide details and please attach any medical consents received from your doctor: .....

(Please attach any medical consents received from your doctor.)

**Are you aware of any other medical history or disability that may affect your ability to undertake the activity?**

**YES / NO**

(delete as appropriate)

If YES, please provide details: .....

**Instructor Signature:** .....

Whilst every effort will be made to accommodate your needs, your safety is our first consideration and it may be necessary to review your involvement in the activity.

**If you have any concerns upon any of these matters, please discuss these with an instructor prior to arrival for the session.**

### Declaration for participants over eighteen

I confirm that I have read and will abide by all the information provided on both sides of this leaflet and that the information provided by me is true to the best of my knowledge.

### Declaration and consent for Emergency Medical Treatment for participants under the age of eighteen

**(To be completed by parent/legal guardian)**

I confirm that the participant has read and will abide by all the information provided on both sides of this leaflet and that the medical information provided regarding him/her is true to the best of my knowledge. I give permission for a member of staff to obtain urgent medical treatment for the participant named on this card. This may include life saving surgery, or emergency treatment recommended by a doctor or dentist for an acute condition or to alleviate pain.

Name of Participant	Age if under 18	Signature (Participant/Parent/Guardian where participant is under 18)	Villa/Lodge/ Apartment Number	Date	Emergency Contact Point for Parent/Guardian of participants under 18

**Center Parcs does not accept any liability for any loss (including theft), damage to belongings or personal injury unless due to our negligence or any other breach of duty.**

**PLEASE READ SAFETY INFORMATION AND SIGN THE DECLARATION OVERLEAF**