CHATHAM MARITIME
Water Sports Centre

Chatham Maritime Trust
Community Watersports Centre, Maritime Way, Chatham, Kent ME4 4QT
Email: WAC@cmtrust.co.uk | Tel: +44 (0) 1634 891950

CONSENT / ACTIVITY FORM

Please kindly ensure this form is **completed in full** for each participant and submitted **prior to attending** your scheduled course or activity. Please be advised that participation in any activity **will not be permitted** until a **signed copy of this form** is submitted. Thank you for your cooperation

Course/Activity title	

Participant's contact details – *one participant per form*

First Name	
Last Name	
Date of Birth	
Gender	Male ☐ Female ☐ Other ☐
Phone Number*	
Email Address*	
Address*	
Postcode*	

**(Participant or Parent/Guardian if under 18)*

Emergency contact details – *for duration of course*

Name	
Relationship to participant	
Contact Number	

Medical Information of course participant:

Any Past/Relevant illness?	Yes ☐	No ☐
Any Routine Medication?	Yes ☐	No ☐
Any Past/Relevant Injuries	Yes ☐	No ☐
Any Allergies?	Yes ☐	No ☐

Please give any details you feel may be important for us to meet your individual needs:

(note our staff have additional needs training and can make reasonable adjustments to accommodate most people, but you must inform us prior to your visit).

Please give further details of relevent injuries, illnesses or medications:

Swimming ability – *Weak/non-swimmers are permitted to participate ONLY if they are confident in and around open water*

All Participants are confident in and around open water	Yes ☐	
All Participants can confidently swim >50m	Yes ☐	No ☐

Any previous relevant experience/qualifications:

All participants must comply with the instructions given by the center staff. Weak/non-swimmers are permitted to participate only if they are confident in and around the water.

By Signing below you agree that the contact and medical details above are correct and that you agree to our statement of risk and full terms and conditions:

Signed*	
Print Name*	
Date*	

**(Participant or Parent/Guardian if under 18)*

☐ I am interested in learning more about the activities and services offered at Chatham Maritime Watersports Centre. Please provide me with additional information. Thank you.

☐ I hereby authorize Chatham Maritime Watersports Centre to utilize my photograph for publicity materials and publications as deemed appropriate.

☐ For certification courses, please indicate your agreement by checking the box to share your contact information with the National Governing Body (NGB).

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