



Personal Equipment Kit List

Recommended Items For Individuals

1. Casual Clothes for travelling/social activities
2. 2 large towels
3. 1 hand towel
4. Toothpaste and brush
5. Soap/shampoo/shower gel
6. Hairbrush/comb
7. Thin socks several pairs
8. Thick socks several pairs
9. Shoes - indoors/outdoors/trainers
10. Old trainers for canoeing
11. Trousers - *tracksuit bottoms are best*
12. Warm jacket/anorak./parka
13. Underwear (*thermals if you have them*)
14. 2 Thin jumpers/fleeces/sweat shirts
15. Thick jumper/fleece
16. T Shirts
17. 1 warm hat
18. Pairs gloves
19. Personal First Aid Kit (*plasters, safety pins, bandages, insect repellent*)
20. 1 dustbin liner (*for taking home any wet clothing*)
21. Coins for phone
22. Night clothes

Items To Bring Only If You Already Have Them (*Please Do Not Buy*)

(The Centre will issue Activity Clothing as Appropriate)

Walking Boots

Wellingtons

Waterproofs (*over jacket & trousers*) - If you prefer to wear your own

Wetsuit

Small Rucksack/day sack

Hairdryer

The golden rule is warm clothing and plenty of it.


Warning WHI TE SOCKS will never be white again

Mobile Phones must not be taken out on activities (They will not work in most of our locations)

We cannot be held responsible for personal effects (consider if you really need to bring or wear that jewellery as they must not be worn on activities)





	<p style="text-align: center;">MEDICAL QUESTIONNAIRE</p> <p style="text-align: center;">AND</p> <p style="text-align: center;">CONSENT FORM</p>
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It is most important that we should know of any pre-existing medical condition (for example, asthma, diabetes, heart trouble, knee or other injuries etc), which may restrict your level of participation in the activities.

Name: Date Of Birth:

Name of Group Attending Course.....

Do you suffer from any pre-existing medical condition ? YES/NO

If YES please state:.....

Do you suffer from any condition, which may affect you from taking part in certain activities?

YES/NO. If YES please specify

Known allergies to drugs or other medication, e.g. penicillin, paracetamol or plasters

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When did you have your Tetanus booster?.....

National Health Service Medical Card Number

Doctors Name & Address

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If under 18 (to be filled in by parent/guardian)

I consent to any emergency medical treatment, including the use of anaesthetics, necessary during the course of this visit.

In case of emergency I can be contacted at:

Address

.....

Telephone No (Home) Work

...

Signature of Parent/GuardianDate

Name Of Parent/Guardian (Please Print)





Dietary Information

In order to assist us in the planning of our menu please complete and return the week prior to the course.

Date of course.....

Name of Group.....

Please circle appropriate response

- Are you a vegetarian? Yes / No
- If Yes, do you eat fish? Yes / No
- Are you allergic to any food Yes / No
 - If Yes, which foods?

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- Does your Religion or Culture prevent you from eating any foods? Yes / No
- If Yes, which foods?

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Signed.....

Print Name.....

