



Paintball Registration and Consent Form

All information will be kept confidential

Name:..... Date of Birth.....
Address:.....
.....
..... Post Code:.....
Telephone Number(s):.....
Current Age:..... School:.....

Ethnicity (please tick)

- | | | | | | |
|-----------------|-----------------------|-------------------------------|-----------------------|-------------------------------|-----------------------|
| White | | Black or Black British | | Asian or Asian British | |
| British | <input type="radio"/> | Caribbean | <input type="radio"/> | Indian | <input type="radio"/> |
| Irish | <input type="radio"/> | African | <input type="radio"/> | Pakistani | <input type="radio"/> |
| Other White | <input type="radio"/> | Other Black | <input type="radio"/> | Bangladeshi | <input type="radio"/> |
| | | | | Other Asian | <input type="radio"/> |
| Mixed | | Chinese | | Other Ethnic Group | |
| White and Black | <input type="radio"/> | Chinese | <input type="radio"/> | Gypsy/Traveller | <input type="radio"/> |
| Caribbean | | | | | |
| White and Black | <input type="radio"/> | Other Chinese | <input type="radio"/> | Other – Please state | _____ |
| African | | | | | |
| White and Asian | <input type="radio"/> | Mixed Chinese | <input type="radio"/> | Prefer not to say | <input type="radio"/> |

Assumption of Risk, I (the under signed) understand that:

(Please tick all boxes)

- Paintball activities are physically and mentally demanding and may require extreme exertion to play (please complete medical questionnaire on page 2).
- Paintball activities can be dangerous if not played in accordance with the stated rules. These will be fully explained to all players prior to commencing the activity.
- The possibility of injury exists to me and others, including bruising and other associated injuries.
- I the undersigned understand that I agree to play the games entirely at my own risk and recognise that there are hazards present.

I (the under signed) also confirm that:

(Please tick all boxes)

- I am fully aware of the risks to myself and others involved in paintball games and that I will never, under any circumstances, deliberately break any rules.
- I am physically fit and mentally able to take the strain and exertion involved in paintball activities and has completed the medical questionnaire on page 2.
- I will comply with all 'A Sporting Chance' rules and use the equipment as instructed and not so as to injure or hurt others and will obey all reasonable directions of the Marshals.
- I will wear my goggles at all times and will not remove them whilst outside the safe zone. I will only remove my goggles when the Marshals say it is safe to do so.
- I will never deliberately shoot anyone in the face or head, or from a distance of less than 10 feet and for my own and the safety of others, I will only use paint supplied by this site.

Name of Participant (Print):

Signed by participant: **Date:**

Personal Information

Do you suffer from any of the following medical conditions? (* Please delete as necessary)

Take regular medication	Y	N*	Allergies to any medication	Y	N*
Asthma or Bronchitis	Y	N*	Allergies to foods / animals	Y	N*
Heart Problems	Y	N*	Additional needs (specify below)	Y	N*
Fits, Fainting or Blackouts	Y	N*	Travel sickness	Y	N*
Severe Headaches	Y	N*	Epilepsy	Y	N*
Diabetes	Y	N*	High Blood Pressure	Y	N*

Other (please specify):.....

Are you currently on any Medication? Yes No*
If yes, please specify:.....

Are you currently suffering from any illness or injury? Yes No*
If yes, please specify:.....

Do you consider yourself to have a disability? Yes No*
If yes, please specify:.....

Next of Kin details (to be contacted in case of an emergency only)
In the case of an emergency, we will need to contact a responsible adult. Please give their details below:

Name:.....Relationship to you:.....

Telephone Number(s):.....

Name of Doctor Doctors Tel Number

I hereby authorise the directors, staff, assigned officials and representatives responsible for organising the A Sporting Chance project's paintball activities, in which my child will take part in, to act as my agent in granting permission for medical treatment and if required, hospital admission, should it become necessary during the sessions. I understand that if a medical emergency should arise, best endeavours will be made to contact the emergency details given on this form, but if s/he cannot be reached by phone, I authorise medical treatment deemed necessary by medical personnel attending to my child. I acknowledge that information disclosed in the medical section provided may be given to medical personnel who are involved in the emergency treatment of my child. Except in respect of death or personal injury caused by our negligence, you agree to waive all rights or any claims against the project and its partners and their officers, directors, subsidiaries, agents, employees and volunteers for any and all injuries, losses, claim damages, liability actions or causes of actions sustained as a result of your child's participation in the A Sporting Chance project's paintball activities.

Please note: It is a requirement that all players **MUST** have the parental consent signed. Failure to do so will result in players being excluded from all games or until consent is completed.

I (parent), confirm that:

(Please tick all boxes)

All medical information given above is correct and that my child is aged over 11 years and is under 18 years old on the day of participating.

I give my permission for him/her to participate in paintball activities with 'A Sporting Chance' and accept that they may receive bruises during play.

I confirm that he/she fully understands the conditions and rules of play and will comply with all instructions given by Marshall's and other staff.

I accept that if he/she removes their goggles for any reason whatsoever when in the games area, he/she will be excluded from taking any further part in the session and no refund will be given.

I have no objections to my child playing against the 'special characters' involved in the final game who will be aged over 18 years old.

Parent/Guardian Signature:.....Date:.....

