

# LEAPS & BOUNDS

## Challenge Ropes Course

Croydon Community School. Neal St Bayswater.

PO Box 2071 Bayswater Village 3153 Ph: 0407 926 720

### PARTICIPANTS MEDICAL INFORMATION.

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**Leaps and Bounds and it's Supervisor/Conductor** may not allow an individual to participate in the activities associated with the **Leaps and Bounds Ropes Course** if we believe that their medical information indicates that they are a risk to themselves or the group. The ropes Course includes activities that may require good balance, physical co-ordination and may be strenuous. It includes climbing, working at heights up to 12 metres above the ground, the need for upper body and leg strength, and participants will at times be suspended in a harness as they descend or ascend elements. This medical information is also intended to assist us in case of any medical emergency, and may be passed on to emergency and medical personnel in the event of any emergency.

**Name:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Emergency Contact: Name:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Telephone: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Family Doctor: Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Medicare No:** \_\_\_\_\_ **Health Care Card No:** \_\_\_\_\_

**Health Insurance Fund:** \_\_\_\_\_ **Contribution No:** \_\_\_\_\_

**Ambulance Subscription No:** \_\_\_\_\_

**Have you ever suffered from, or do you currently suffer from, any of the following conditions? Please circle Y for yes or N for no and provide extra details on the lines, or in the section entitled Extra Information. Many of the following medical conditions will mean that you may be unable to participate in Ropes Course activities.**

- Allergies (eg. Insect bites, hay fever, foods, medicines, drugs)? \_\_\_\_\_ Y/N  
\_\_\_\_\_ Y/N  
Any physical, mental or emotional disability? \_\_\_\_\_ Y/N  
Physical disabilities or disorders including back or joint problems, muscular problems, chronic conditions etc.? \_\_\_\_\_ Y/N  
Asthma or breathing difficulties? \_\_\_\_\_ Y/N  
Balance Difficulties or Problems? \_\_\_\_\_ Y/N  
Sight, hearing or speech impairments \_\_\_\_\_ Y/N  
Diabetes? \_\_\_\_\_ Y/N  
Dizziness? \_\_\_\_\_ Y/N  
Do you have a current tetanus immunisation? Date of last one? \_\_\_\_\_ Y/N  
Emotional, mental or behavioural problems (eg. Depression, stress)? \_\_\_\_\_ Y/N  
Epilepsy, seizures or convulsions? \_\_\_\_\_ Y/N  
Fear of heights? \_\_\_\_\_ Y/N  
Hernia? \_\_\_\_\_ Y/N  
High blood pressure (or history of it)? \_\_\_\_\_ Y/N  
History of heart attacks or chest pain? \_\_\_\_\_ Y/N  
Inability to perform moderate exercise? \_\_\_\_\_ Y/N  
Migraine or headaches? \_\_\_\_\_ Y/N  
Pregnancy (are you currently pregnant)? \_\_\_\_\_ Y/N  
Are you taking any prescribed or non-prescribed medications? \_\_\_\_\_ Y/N  
If so which medication? \_\_\_\_\_  
Do you have the medication with you? \_\_\_\_\_ Y/N  
Any other medical condition or illness which may affect your participation? \_\_\_\_\_  
\_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

( Page three of this form is attached.)

3.

**Assumption of Risk and Consent**

I \_\_\_\_\_ fully understand that participation in the activities associated with the **Leaps and Bounds Challenge Ropes Course** may be physically and emotionally demanding and carries potential risks and dangers that could result in accident or injury. I understand that my participation requires that I be of reasonable physical condition, and I hereby accept all responsibility for my physical well-being.

The Ropes Course includes activities such as climbing ladders and poles, walking along cables, swinging on ropes, being lowered or raised on a rope and harness belay system from the ground up to 12 metres in height, climbing onto another persons shoulders, and walking along wooden poles. These activities should not be undertaken by participants who suffer dizziness, or who are unwell, physically unfit or injured.

I acknowledge that while the Supervisors/Conductors/s will make every reasonable effort to teach me safe and proper techniques and to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the Supervisors/Conductors/s and I hereby release the Leaps and Bounds Bayswater and Croydon Community School and its Supervisors/Conductors/s of any liability resulting from accident, injury or trauma incurred by myself while participating in these activities.

I also understand that I can choose to not participate in any of these activities and that there is no compulsion to participate.

I have read all the information contained in this document and have provided all the information in relation to my participation.

I authorise the Supervisors/Conductors/s to seek medical attention for me and on my behalf, should he/she deem this to be necessary.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Extra Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_