



Unit 5, Castlebrae Business Centre, 40, Peffer Place, Edinburgh. EH16 4BB.
Tel: 0131 652 1557 Fax: 0131 652 2365

CAPRO BOOKING INFORMATION PACK

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Activity Course Background Information

Name of Group						
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Group Type						
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Number of Participants	U12		12 - 15		16+	
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Number of Accompanying Staff	
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Member of Staff to liaise with Capro regarding the programme	
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Aims for this piece of work	
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Use this space to provide any other information	
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Upon completion of the sessions you will be asked to fill out a section of our review form that request whether or not the outcomes matched the aims and objectives.



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To help us with our monitoring please complete the following;

ETHNIC ORIGIN

Individuals should identify with which one of the undernoted categories they most closely associate themselves, having regard to their ethnic or cultural background please put the total number of participants in each box.

WHITE- SCOTTISH: WHITE-OTHER

WHITE-OTHER (Please specify): _____

BLACK- CARIBBEAN: AFRICAN: BLACK-OTHER

BLACK-OTHER (Please specify): _____

INDIAN: PAKISTANI: CHINESE:
 BANGLADESHI:

ASIAN-OTHER (please specify): _____

ANY OTHER ETHNIC GROUP (please specify below):

DISABILITY

It is recognised that disabled people are not only those whose disability is immediately apparent (e.g. blind people or those in wheelchairs) but also those whose disability is not immediately obvious (e.g. heart trouble, mental illness or diabetes). Do any of the participants consider themselves as having a disability? Please put the total number of participants in each box. Any additional information which may be helpful please use the space in section 10.

Yes: No:

THANK YOU



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CAPRO PARTICIPANTS – CODE OF CONDUCT

Due to the nature of the activities undertaken on Capro courses, we feel it is necessary to outline how you, as a participant, can help us to ensure that you have a safe and enjoyable time.

We try to keep 'rules' to a minimum, however there are some we have to enforce. It is important that you familiarise yourself with the following conditions prior to participation in any of our courses.

1. **Under 18's** – current policy states that if you are under 18 years of age, Capro staff are responsible for your well being and safety. You are required to submit a completed parental/guardian consent form prior to participating in any activity.
2. **Alcohol** - alcohol and outdoor activities do not mix, so please limit drinking to evening meals and social time in the evening. We ask that you keep drinking to a minimum or do without if you are participating in outdoor activities the following day. Alcohol is not permitted during activity sessions or during transportation. Persons under 18 years of age are not permitted to drink alcohol if they are to participate in **any** activities the following day or to bring alcohol with them on course.
3. **Smoking** – for reasons of safety and prevention of damage to equipment please do not smoke whilst wearing or using Capro equipment. Smoking is not permitted in the Capro building, transport or tents.
4. **Drugs** - use or possession of drugs is strictly prohibited, other than those prescribed for medical reasons. These should be declared on your medical form. Capro staff cannot prescribe any medication.
5. **Mobile Phones** - all mobile phones must be switched off whilst participating in any Capro activities and preferably not taken out on the day at all, since Capro cannot take any responsibility for loss or damage of your phone.
6. **Safety** - Capro instructors have overall responsibility for any activity session and their instructions/decisions must be adhered to.
7. **Residential courses** – we ask that during residential activities participants obey 'house rules' of any centre we stay in. As you will be sharing



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accommodation with other people you are asked to respect the privacy of others and conduct yourself in a discrete and considerate manner.

- 8. Law** - Participants must act within the law at all times. Staff are contractually obliged to report incidents to the appropriate authorities, so please don't put us in an awkward situation.

If any of the above conditions are not met the Capro staff/instructor(s) reserve the right to:

1. change or cancel an activity,
2. instruct you not to participate in an activity, or
3. instruct you to leave the course.

In the event of a residential course, persons over 18 years of age will be responsible for arranging their own travel home, if leaving before the end of the course.

NB.

Capro often work in collaboration with other organisations. The term 'Capro staff/instructors' extends to all staff involved with the running/delivery of courses.

If you have any queries or wish any of these conditions explained further please do not hesitate to contact the Project Co-ordinator.



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Dear parent/guardian

CAPRO ACTIVITY PROGRAMME

Your son/daughter has expressed interest in attending an outdoor/adventure education course at Craigmillar Adventure Project. To enable him/her to participate we require your consent on the attached form.

The details of the programme are;

DATES:

TIMES:

MEET AT:

DROP OFF:

Activities booked may change because of adverse weather conditions, the table below shows alternative activities that may take place.

Kayaking	Canoeing	Hillwalking
Rock Climbing	Mountain Biking	Ski-ing
Blo-karting	Sailing	Teambuilding
Archery	Orienteering	Gorgewalking
Raft building	Hill Challenge	Abseiling
Mountain biking	Rope courses	Snowboarding
Tunneling	Team games	
Camping	White water rafting	

If you do not wish your son/daughter to participate in any of these activities you must write them on the consent form. If you require any other information please do not hesitate to contact CAPRO at 0131-652-1557.

**Equipment and Clothing: Capro will supply all safety and specialist equipment.
For dry sessions you need to wear old clothing and footwear!
For water based sessions you need to bring a spare set of clothes!**

Yours sincerely

Project Co-ordinator



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Dear participant

CAPRO ACTIVITY PROGRAMME

You have expressed an interest in attending an outdoor/adventure education course at Craigmillar Adventure Project. To enable yourself to participate we require your consent on the attached form.

The details of the programme are;

DATES:

TIMES:

MEET AT:

DROP OFF:

Activities booked may change because of adverse weather conditions, the table below shows alternative activities that may take place.

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Mountain biking	Rope courses	Snowboarding
Tunneling	Team games	
Camping	White water rafting	

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Yours sincerely

Project Co-ordinator



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PARTICIPANT MEDICAL DETAILS/PARENTAL CONSENT FORM
UNDER 18 - TO BE COMPLETED BY PARENT OR GUARDIAN

GROUP.....	MULTI OUTDOOR ACTIVITIES (SEE ACCOMPANYING LETTER)	
COURSE DATES.....		
PARTICIPANT SURNAME		
.....	IS YOUR SON/DAUGHTER TAKING ANY MEDICATION AT PRESENT? IF YES, GIVE DETAILS	
FORENAME	
DATE OF BIRTH	
ADDRESS	DOES YOUR SON/DAUGHTER HAVE ANY DIETRY REQUIREMENTS? (E.g. Vegetarian, Halal)	
.....	
HOME PHONE NO.	HAS YOUR SON/DAUGHTER HAD A TETANUS INJECTION IN THE LAST 5 YEARS? IF SO, WHEN?	
ALTERNATIVE EMERGENCY CONTACT	
.....	GIVE FULL DETAILS OF ANY RECENT INJURY OR ILLNESS THAT MAY AFFECT YOUR SON/DAUGHTER'S PARTICIPATION	
NAME AND ADDRESS OF DOCTOR	
.....	
SWIMMING ABILITY (Participants in water sports do not need to be able to swim, but must inform instructor)	IS THERE ANY ACTIVITY IN WHICH YOU DO NOT WISH YOUR SON/DAUGHTER TO PARTICIPATE IN? PLEASE SEE ATTACHED LETTER.	
<u>Please circle as appropriate</u>	<u>Please List below</u>	
SWIMMER? YES NO	
DOES YOUR SON/DAUGHTER SUFFER FROM ANY CONDITIONS REQUIRING MEDICAL TREATMENT? e.g. EPILEPSY, DIABETES, ADHD. IF YES, GIVE DETAILS	
.....	
.....	FROM TIME TO TIME CAPRO MAY TAKE PHOTOGRAPHS DURING ACTIVITIES FOR PUBLICITY PURPOSES. DO YOU CONSENT TO YOUR SON/DAUGHTER'S PHOTOGRAPH BEING USED FOR THESE PURPOSES	
HAS YOUR SON/DAUGHTER SUFFERED FROM OR BEEN IN CONTACT WITH ANY CONTAGIOUS DISEASE OR INFECTION IN THE 4 WEEKS? IF YES, GIVE DETAILS	<table border="1"><tr><td>YES/NO</td></tr></table>	YES/NO
YES/NO		
.....		
DOES YOUR SON/DAUGHTER SUFFER FROM ANY ALLERGIES? IF YES, GIVE DETAILS		



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DECLARATION

- I AGREE TO MY SON/DAUGHTER TAKING PART IN THE COURSE RUN BY CAPRO ABOUT WHICH I HAVE BEEN GIVEN FULL DETAILS.
- I AGREE TO HIS/HER PARTICIPATION IN ALL THE ACTIVITIES DESCRIBED, UNLESS INDICATED OVERLEAF.
- I HAVE READ AND ACKNOWLEDGED THE NEED FOR HIM/HER TO ABIDE BY THE CAPRO CODE OF CONDUCT.
- I DECLARE THAT THERE IS NO REASON MEDICAL OR OTHERWISE WHY MY CHILD SHOULD NOT TAKE PART IN THIS COURSE.
- I UNDERTAKE TO FULLY DECLARE THE DETAILS OF ANY MEDICAL TREATMENT MY CHILD IS RECEIVING AT THE PRESENT TIME, AND ANY OTHER MATTERS OF WHICH THE STAFF SHOULD BE AWARE.
- I AGREE TO MY SON/DAUGHTER RECEIVING EMERGENCY MEDICAL TREATMENT, INCLUDING ANAESTHETIC AS CONSIDERED NECESSARY BY THE MEDICAL AUTHORITIES PRESENT.
- BLOOD TRANSFUSION.

SIGNED BY PARENT/LEGAL GUARDIANDATE.....

- I AGREE TO ABIDE BY THE CAPRO CODE OF CONDUCT

SIGNED BY PARTICIPANTDATE

IF YOU ARE IN ANY DOUBT AT ALL AS TO YOUR CHILD'S SUITABILITY ON HEALTH GROUNDS FOR ANY OF THESE COURSES, THEN YOU SHOULD HAVE THE FOLLOWING COMPLETED BY YOUR FAMILY DOCTOR

MEDICAL CERTIFICATE TO BE COMPETED BY THE DOCTOR (If appropriate)

FROM MY KNOWLEDGE OF THIS PARTICIPANT I CONSIDER THAT HE/SHE IS SUITABLE/UNSUITABLE AT THIS POINT IN TIME, FOR PARTICIPATION IN THE COURSE AT CAPRO, THE DETAILS OF WHICH HAVE BEEN EXPLAINED TO ME.

IT WOULD BE HELPFUL TO THE COURSE ORGANISERS TO HAVE MEDICAL ADVICE ON THE MANAGEMENT OF PARTICIPANTS SUFFERING FROM SUCH CONDITIONS AS ASTHMA, DIABETES, EPILEPSY OR OTHER CHRONIC HANDICAPPING CONDITIONS, WHERE THE DOCTOR CONSIDERS THAT WITH MINOR MODIFICATIONS TO THE COURSE, THE PARTICIPANTS COULD ENGAGE IN MOST OF THE PLANNED ACTIVITIES. INFORMATION ON PARTICIPANTS REQUIRING ONGOING MEDICATION WOULD ALSO BE HELPFUL FOR RESIDENTIAL COURSES.

COMMENTS

SIGNATURE OF DOCTOR DATE



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PARTICIPANT MEDICAL DETAILS/CONSENT FORM
TO BE COMPLETED BY PARTICIPANTS OVER 18

GROUP.....

MULTI OUTDOOR ACTIVITIES (SEE ACCOMPANYING LETTER)

COURSE DATES.....

PARTICIPANT SURNAME

.....

ARE YOU TAKING ANY MEDICATION AT PRESENT? IF YES, GIVE DETAILS

FORENAME

.....

DATE OF BIRTH

.....

ADDRESS

DO YOU HAVE ANY DIETARY REQUIREMENTS? (E.g. Vegetarian, Halal)

.....

.....

HOME PHONE NO.

HAVE YOU HAD A TETANUS INJECTION IN THE LAST 5 YEARS? IF SO, WHEN?

ALTERNATIVE EMERGENCY CONTACT

.....

.....

GIVE FULL DETAILS OF ANY RECENT INJURY OR ILLNESS THAT MAY AFFECT YOUR PARTICIPATION

NAME AND ADDRESS OF DOCTOR

.....

.....

.....

SWIMMING ABILITY (Participants in water sports do not need to be able to swim, but must inform instructor)

IS THERE ANY ACTIVITY IN WHICH YOU DO NOT WISH TO PARTICIPATE IN?

PLEASE SEE ATTACHED LETTER.

Please List below

Please circle as appropriate

.....

SWIMMER? YES NO

.....

DOES YOU SUFFER FROM ANY CONDITIONS REQUIRING MEDICAL TREATMENT? e.g. EPILEPSY, DIABETES, ADHD. IF YES, GIVE DETAILS

.....

.....

FROM TIME TO TIME CAPRO MAY TAKE PHOTOGRAPHS DURING ACTIVITIES FOR PUBLICITY PURPOSES. DO YOU CONSENT TO YOUR PHOTOGRAPH BEING USED FOR THESE PURPOSES?

HAVE YOU SUFFERED FROM OR BEEN IN CONTACT WITH ANY CONTAGIOUS DISEASE OR INFECTION IN THE 4 WEEKS? IF YES, GIVE DETAILS

YES/NO

.....

DO YOU SUFFER FROM ANY ALLERGIES? IF YES, GIVE DETAILS

.....



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DECLARATION

- I AGREE TO MYSELF TAKING PART IN THE COURSE RUN BY CAPRO ABOUT WHICH I HAVE BEEN GIVEN FULL DETAILS.
- I AGREE TO PARTICIPATION IN ALL THE ACTIVITIES DESCRIBED, UNLESS INDICATED OTHERWISE.
- I HAVE READ AND ACKNOWLEDGED THE NEED FOR MYSELF TO ABIDE BY THE CAPRO CODE OF CONDUCT.
- I DECLARE THAT THERE IS NO REASON MEDICAL OR OTHERWISE WHY I SHOULD NOT TAKE PART IN THIS COURSE.
- I UNDERTAKE TO FULLY DECLARE THE DETAILS OF ANY MEDICAL TREATMENT I HAVE RECEIVED AT THE PRESENT TIME, AND ANY OTHER MATTERS OF WHICH THE STAFF SHOULD BE AWARE OF.
- I AGREE TO MYSELF RECEIVING EMERGENCY MEDICAL TREATMENT, INCLUDING ANAESTHETIC AS CONSIDERED NECESSARY BY THE MEDICAL AUTHORITIES PRESENT.
- INCLUDING A BLOOD TRANSFUSION WHERE NECESSARY.
- I AGREE THAT ALL CAPRO ACTIVITIES CAN BE DEMANDING AND PHYSICAL, WHICH HAVE INHERENT HAZARDS ASSOCIATED WITH THEM. WHILST CRAIGMILLAR ADVENTURE PROJECT TAKES ALL NECESSARY PRECAUTIONS TO ENSURE THE SAFETY OF ALL PARTICIPANTS, UNFORTUNATELY ACCIDENTS CAN HAPPEN, AND TO MINIMISE ANY RISKS I SHOULD COMPLY WITH CRAIGMILLAR ADVENTURE PROJECT'S RISK MANAGEMENT GUIDELINES EXPLAINED BY THE INSTRUCTOR FOR EACH ACTIVITY.
- I AGREE THAT THE CRAIGMILLAR ADVENTURE PROJECT ACCEPTS NO LIABILITY WHATSOEVER FOR ANY LOSS OR INJURY RESULTING FROM MY INVOLVEMENT IN ANY ACTIVITY. FURTHERMORE, IT IS UNDERSTOOD AND AGREED THAT I PARTICIPATE AT MY OWN RISK.
- **I AGREE TO ABIDE BY THE CAPRO CODE OF CONDUCT**

SIGNED BY PARTICIPANTDATE

IF YOU ARE IN ANY DOUBT AT ALL AS TO YOUR SUITABILITY ON HEALTH GROUNDS FOR ANY OF THESE COURSES, THEN YOU SHOULD HAVE THE FOLLOWING COMPLETED BY YOUR FAMILY DOCTOR.

MEDICAL CERTIFICATE TO BE COMPLETED BY THE DOCTOR (If appropriate)

FROM MY KNOWLEDGE OF THIS PARTICIPANT I CONSIDER THAT HE/SHE IS SUITABLE/UNSUITABLE AT THIS POINT IN TIME, FOR PARTICIPATION IN THE COURSE AT CAPRO, THE DETAILS OF WHICH HAVE BEEN EXPLAINED TO ME.

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COMMENTS

SIGNATURE OF DOCTOR DATE