

<p>Our Correspondence Address is Dail na Seilg, 12 Loch Na Leoba Road, Newtonmore, Inverness-shire. PH20 1BW Phone 01254 704898 Email oas@altadv.co.uk</p>	<p>Our Address is Outdoor Activities Service & Alternative Adventure. New Meadows Gap Cottage, Cranberry Lane, Cranberry Fold, Darwen, Lancs. BB3 2HZ Email oas@altadv.co.uk</p>
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Individual Course Application Form

Course Title	Course Date
Name Mr, Mrs, Ms	Forename
	Surname
Address	
Post Code	
Telephone Day	Telephone Eve
Email	
Date of Birth	Age
Previous experience (if any)	
Name, Address & telephone number of a person we can contact in and emergency	

Course fees Individuals and Organisations.

An invoice (*Bank details on the invoice for payment*) will be sent with your course conformation and joining instructions. If an organisation is paying for your course please supply a purchase order if they use this system.

Conformation the course / activity is running will only be given once we have the minimum number required to run that course /activity.

CANCELLATION by the candidate will result in the loss of 50% of the course fees if less that 7 days clear notice is not given.

PTO - Please sign this form after reading and understanding all of it.

Physical Activity Readiness Questionnaire

Circle yes or no to each of the questions below. If you circle 'yes' you may need your doctor's consent before you participate in your planed activity or course.

- 1 Has a doctor ever said that you have a heart condition and recommended only medically supervised activity? Yes / No
- 2 Do you have chest pain brought on by physical activity? Yes / No
- 3 Have you developed chest pain in the past month? Yes / No
- 4 Do you lose consciousness or fall over as a result of dizziness? Yes / No
- 5 Do you have a bone or joint problem that could be aggravated by physical activity? Yes / No
- 6 Has a doctor ever recommended medication for your blood pressure or a heart condition? Yes / No
- 7 Are you aware through your own experience or from doctor's advice of any other reason why you should not exercise without medical supervision? Yes / No

Please outline below any other relevant information that might affect your ability to exercise.

Pre-existing medical conditions, allergies or other medical information relevant to exercise, e.g. diabetes or asthma

Medication required to be carried during the activity:

I realise that my body's reaction to exercise is not totally predictable. Should I develop a condition that affects my ability to exercise, I will inform my instructor immediately and stop exercising if necessary. I take full responsibility for monitoring my own physical condition at all times.

Signed:

Date:

I hereby consent to the collection and use of my personal images by photography or video recording. I acknowledge these images may be used on website, newsletters, emails or social media. I understand my consent can be removed at any time.

Signed: