

# Kent International Jamboree 2017



## Participant Booking Form

Group Information	
Group Name	
District	
County / Province	
Country	

Participant Information	
First Name	
Last Name	
Address	
Date of Birth	DD / MM / YYYY
Sex	
Participant Type	<input type="checkbox"/> Scout <input type="checkbox"/> Explorer <input type="checkbox"/> Guide <input type="checkbox"/> Senior Section <input type="checkbox"/> Leader <input type="checkbox"/> Leaders Child
NHS Number	<i>UK Participants only</i>
Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Non UK Participants</i>
Enrolled in KIJ Creche?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Leaders Child only</i>

Next of Kin	
<i>Person 1</i>	
Name	
Relationship to Participant	
Telephone Number	
<i>Person 2</i>	
Name	
Relationship to Participant	
Telephone Number	
<i>Person 3</i>	
Name	
Relationship to Participant	
Telephone Number	



# Participant Booking Form

## Disability Questionnaire

1 - Does this participant have any physical disability that we need to cater for?

If Yes, please provide details  Yes  No

2 - Does this participant have any mental or learning disability that we need to cater for?

If Yes, please provide details  Yes  No

3 - Does this participant have any behavioural/social disability that we need to cater for?

If Yes, please provide details  Yes  No

4 - Does this participant have any welfare requirements that we need to cater for?

If Yes, please provide details  Yes  No

5 - Is there any other information that you feel we need to know to enable this participants stay to be as enjoyable as possible?

If Yes, please provide details  Yes  No

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## Participant Booking Form

### Medical Questionnaire

1 - Does this participant have any medical conditions that we need to cater for?

If Yes, please provide details  Yes  No

2 - Does this participant suffer allergic reaction to any foods, medication or environmental factors?

If Yes, please provide details  Yes  No

3 - Is this participant taking any medication?

If Yes, please provide details  Yes  No

4 - Has this participant suffered any illness in the last 6 months?

If Yes, please provide details  Yes  No

5 - Has this participant been hospitalised in the last 6 months?

If Yes, please provide details  Yes  No

6 - Has this participant been in contact with anyone with a contagious illness or disease in the last 6 months?

If Yes, please provide details  Yes  No

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## Participant Booking Form

### Activity Consent Questionnaire

Do you have parental permission for this participant to take part in these activities...

<i>Group 1 - Land Activities</i>		
Blocarting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Climbing / Abseiling / Aerial Runway	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### *Group 2 - Water Activities*

Canoeing / Kayaking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rafting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sailing	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### *Group 3 - Shooting Activities*

Air Rifle Target Shooting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Archery	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### *Group 4 - Air Activities*

Air Flights	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Microlight Flights *	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\* Age Restricted.

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### Leader Information (Leaders and Network only)

National Membership #	
Mobile Tel #	
Email Address	
DBS #	