

DRAGONFLY COURSE REGISTRATION FORM



SCHOOL NAME/GRADE _____ DATES _____

CHILD'S NAME (Surname) _____ (Given Names) _____ SEX Female Male

DATE OF BIRTH (D/M/Y) _____ NATIONALITY _____ ID/PASSPORT # _____

PARENTS NAME _____ EMAIL _____

ADDRESS _____

CONTACT NO – HOME _____ OFFICE _____ MOBILE _____

Emergency Contact: Name _____ Relationship _____ Number _____

Insurance/ Travel Insurance details (if applicable) _____

MEDICAL INFORMATION FORM

The following *confidential* medical information is required to ensure staff is fully informed of any medical condition that may affected your child. It is important that this form be completed accurately, in English.

Do you/ your child have any of the following medical conditions? Please tick those that apply to your child.

- | | | |
|---|---|--|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Blackouts/ Convulsions/ Epilepsy | <input type="checkbox"/> Heart conditions | <input type="checkbox"/> Rare Blood Type |

When was the last time you/ your child had a Tetanus immunization? _____

Has your child had any previous serious injuries, illnesses or surgery? (Attach additional sheet if necessary)

ALLERGIES: Please list any allergies to (Attach additional sheet if necessary)

1. Drugs –e.g. Penicillin/Aspirin _____
2. Foods – _____
3. Insects/ Animals – _____

Have you/ has your child ever been previously hospitalized due to a reaction? No Yes -When? _____

Have you/ has your child been recommended by a doctor to carry an Epipen®? _____

ASTHMA (Attach additional sheet if necessary)

How severe is your /your child's asthma? Mild Moderate Severe Hospitalization (When) _____

Please list any known asthma trigger factors: _____

PRESCRIPTIONS AND MEDICATIONS (Attach additional sheet if necessary)

MEDICATION	SYMPTOMS REQUIRING MEDICATION	DOSAGE	FREQUENCY AND SPECIAL INSTRUCTIONS

OTHER INFORMATION

Swimming Ability Beginner Intermediate Advanced

Biking Ability Beginner Intermediate Advanced

Student Height (cm) _____

Special Dietary Requirements _____

ACKNOWLEDGEMENT OF RISKS AND ASSUMPTION OF RISK AND RESPONSIBILITY

Dragonfly Limited, its officers, directors, employees, agents, representatives (all of whom are referred to here as 'Dragonfly'), take care to provide proper organization, instruction, equipment, and supplies for participation in programs organized by Dragonfly Limited. However, there are significant elements of risk in any experiential education, adventure, sport, activity, or training associated with the outdoors. Activities include but are not limited to kayaking, biking, rock climbing, abseiling, caving, hiking, camping, cooking, surfing, snorkeling, boating, cooperative and leadership games, orienteering and navigation, bouldering, canyoning, environmental activities, low ropes course and swimming (referred herein as "Activity" or "Activities"). Participants may be housed in dormitories, tents, or on day trips. Check your course information for specific activities and details. Dragonfly attempts to mitigate these risks by providing appropriate safety equipment (i.e. helmets) and appropriate instruction.

ACKNOWLEDGEMENT OF RISKS: I/my child recognize the fact that there is inherent danger, foreseeable and unforeseeable, in these types of Activities. These risks may result in serious injury or loss of life, and include but are not limited to falls, cold weather related injuries, heat related illnesses, "acts of nature", accidents resulting from travel to or from the Activity, misuse of equipment by participant, varying wind, water, and weather conditions, vector exposure, and problems arising from a participant's sense of balance or inability to follow directions, inadequate physical fitness and negligence on the part of other participants. I/my child am also aware that I/my child may be exposed to risks, dangers and hazards other than those listed here. Dragonfly instructors attempt to monitor all participants. Participants can lessen the inherent risk by carefully following the equipment list and following directions. **Parent's Initials:** _____

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In recognition of the various risks relating to the Activities which my child will engage in, both foreseeable and unforeseeable, I confirm that my child is physically and mentally capable of participating in all Activities and/or using equipment. My child's participation is voluntary and I will assume all risks and full responsibility, on behalf of all parties including myself, my child, and my child's heirs and assigns, for (a) any and all losses incurred as a direct or indirect result of personal injury, accidents, or illness, and (b) any and all damage to or loss of personal property arising out of, relating to, or in connection with any Activity. **Parent's Initials:** _____

WAIVER AND RELEASE FROM LIABILITY: On behalf of my child, myself, my child's other guardians and my child's heirs and assigns, I hereby assume all risks and waive, release and forever discharge Dragonfly from any and all liability, actions, causes of action and damages of whatever kind whatsoever, including, without limitation, general, special, compensatory and punitive damages, for property damage, personal injury, and loss of life, relating to or in connection with any activity. **Parent's Initials:** _____

MEDICAL AUTHORIZATION: I have completed the Medical Information Form to the best of my ability and recognize that Dragonfly will rely upon this information for any treatment. I hereby authorize any medical treatment deemed necessary in the event of any injury while my child is participating in the Activity. I agree to hold Dragonfly harmless for any and all costs or liabilities so incurred. **Parent's Initials:** _____

DRAGONFLY ACTIONS: I realize that Dragonfly, as provider of goods and/or services, may find it necessary to terminate an Activity, whether due to forces of nature, medical necessities, problems in the group or other reasons that Dragonfly, in its discretion, deems prudent. I also realize that Dragonfly may refuse or terminate the participation of any person Dragonfly, in its sole discretion, judges to be incapable of meeting the rigors or requirements of participating in the Activity. I accept Dragonfly's right to take such actions with respect to my child and other participants. I agree to allow Dragonfly to use any and all images or testimonials taken of or provided by me during the course for any and all marketing purposes. **Parent's Initials:** _____

I HAVE CAREFULLY READ AND UNDERSTOOD this acknowledgment of risks, assumption of risk and responsibility and waiver and release from liability and fully understand its contents. I have read and understood the course details and activities. I am aware that this is an assumption of risk and a release from liability that involves the waiver of certain legal rights and I sign it of my own free will. I agree that the laws of Hong Kong govern this agreement.

Participant's Name Signature of Parent or Guardian Signature of Parent or Guardian _____
Date

****Any changes to this agreement without the prior consent of Dragonfly will prohibit my child's participation in the course.****

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