

Parental consent form and medical survey about your physical constitution

Thank you very much for visiting the Seilgarten Prora. We hope you enjoy your visit.

With this form you support us to guarantee your safety at the Seilgarten Prora. These informations are placed under highest data protection measures and are only accessible for the trainers onsite. Their purpose is to avoid injuries and to provide best possible medical care.

I declare that I can withstand normal physical and psychological strain and in case of any of the following indications apply I will contact the trainer.

Please check off applying	Yes	No
Heart / circulation diseases (e.g. infarct, high blood pressure)		
Short-winded breath		
Injury of muscular-skeletal system (e.g. torn ligament, luxations, pulled muscle, muscle injuries)		
Injury skeletal system (e.g. backbone injury, backache) even if they have receded		
Operations		
Chronical diseases (e.g. asthma, epilepsy, diabetes)		
Allergies on substances in nature (e.g. bee-stings)		
Infections within the last 6 months		
Fever within the last week		
Intake of alcohol or medicine that affects attendance		
Pregnancy		
Others		

I participate in the activities of the Seilgarten Prora on my own responsibility. I have been informed about the voluntariness of my attendance. I decide myself the intensity and the extend of my physical activity.

By signing this for you accept the general terms and conditions of the Seilgarten Prora KG, Objektstr. TH52 Block 3, 18609 Ostseebad Binz OT Prora and confirm that you have read and understood them.

First name	Surname
Street / town / country	Birth date

Phone number for emergency	
Prora – actual date	Signature (parents in case of children under age of 18)

The Seilgarten Prora KG confirms not to give your details to third parties.