

CLOTHING AND KIT LIST

The kit listed below is what we suggest for participants to bring for activity days at the Anderton Centre. Any items marked with * are available to borrow from the Anderton Centre, if you are unable to bring any other items, please let a member of staff know.

Day visits: (dependent on time of year)

- Warm old clothing (tracksuit/jogging bottoms or walking trousers are ideal; don't recommend jeans)
- Waterproof top and bottoms*
- Warm fleece type jacket*
- Hat and gloves (dependant on time of year)
- Sunhat and sun cream (dependant on time of year)
- Mosquito repellent*
- Strong shoes / boots
- Complete change of clothing
- Any personal medication e.g., inhalers

Additional kit for water activities:

- Swimming costume / shorts and t-shirt
- Towel
- Spare jumper for getting wet (fleece if possible)
- Pumps or old trainers you don't mind getting wet (NO open toe shoes)
- Plastic bags for wet clothing
- Warm and dry change of clothes including spare dry pair of shoes/trainers

Additional kit for residential programmes:

- 3 complete changes of clothes (depending on length of stay)
- Spare underwear
- Indoor shoes
- Toiletries – Aerosol sprays are not allowed to be used at the Anderton Centre.
- Towel
- Nightwear
- Hand Held Torch with new batteries!

Free drinking water is readily available - all visitors will need a water bottle/drink for the day

Tuck Shop (for residential only)

We have a tuck shop for crisps, drinks and sweets priced at around £1 per item. We leave it up to the Group Leader's discretion if they wish to advise young people and children to bring snack money for the day or keep it a cash-free trip.

THE ANDERTON CENTRE PROVIDES

FOR LAND-BASED ACTIVITIES

- Helmet
- Climbing harness
- Day sack 30-40 litres
- Waterproof top and trousers (from age 8+)
 - Limited quantity and sizes, please bring your own if possible.

FOR WATER ACTIVITIES

- Buoyancy aid or lifejacket
- Goggles
- Helmet
- Long John wetsuit

**Anderton Centre Consent / Medical Form
(OVER 18)**

Name _____ Male / Female (please circle)

Age _____ years Date of Birth _____

Address _____

_____ Post Code _____

Home Tel _____ Mobile _____

GP details Doctor's name _____

Surgery _____ Tel _____

In case of an emergency please contact:

Name _____ Relationship _____

Address _____

Home Tel _____ Mobile _____

Activity Date: _____

Please provide details of any medical conditions or essential medication

I understand that the activities may be hazardous by nature.

I **give / don't give** (please delete)* consent to the use of any photographic or video material containing the above named to be used for promotional purposes by the non-profit Anderton Centre or charity Lancashire Outdoor Activities Initiative that runs the centre.

Signed _____ **Date** _____

* If left as it is we will assume that consent is given

**Anderton Centre Consent / Medical Form
(UNDER 18)**

Name _____ Male / Female (please circle)

Age _____ years Date of Birth _____

Address _____

_____ Post Code _____

Home Tel _____ Mobile _____

In case of an emergency please contact:

Name _____ Relationship _____

Address _____

Home Tel _____ Mobile _____

Activity Date: (ask organiser/leader/teacher if unsure) _____

Please provide details of any medical conditions and medication required by the participant

I understand that the activities may be hazardous by nature and give consent for the above-named person to participate in the activities provided by the Anderton Centre.

I **give / don't give** (please delete)* consent to the use of any photographic or video material containing the above named to be used for promotional purposes by the non-profit Anderton Centre or charity Lancashire Outdoor Activities Initiative that runs the centre.

Signed: _____ **Parent / Guardian**

Print name: _____ **Date:** _____

* If left as it is we will assume that consent is given

ANDERTON CENTRE VISITING GROUP'S REGISTER

To comply with the Anderton Centre's health and safety policy and procedures, the table below should be completed before the visit. Ideally this should be sent one week before the activities take place. Please specify any medical, physical or emotional conditions and medication.

Each participant must complete a medical / consent form prior to taking part in activities. This must be signed by a parent/guardian if the participant is under 18.

Name of group leader: _____ Signature of group leader: _____

Group name: _____ Date of visit: _____

Name	Condition / Medication		Name	Condition / Medication

Please highlight any participants with an asterisk* who have **declined photographic consent**.

TOTAL NUMBER OF PARTICIPANTS	<input type="text"/>
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GROUP REGISTER (additional sheet / continued)

(All information will be treated as confidential)

Group name: _____ **Date of visit:** _____

Name	Condition or Medication	Name	Condition or Medication

Please highlight any participants with an asterisk* who have **declined photographic consent**.