

Supervisors of Young and Vulnerable Person(s):

A NEW SHEET TO MADE OUT FOR EACH VISITING PARTY:

I the undersigned declare that I have read, understand and will abide by the Health and Safety Documentation of Redbridge Lakes

ORGANISATION IF

APPLICABLE:

REASON FOR VISITING THE

FACILITY

<u>DATE:</u>	<u>NAME:</u>	<u>ADDRESS:</u>	<u>TELE: NO:</u>	<u>TIME IN:</u>	<u>SIGNATURE:</u>	<u>TIME OUT:</u>	<u>SIGNATURE:</u>

Details of Vulnerable Person(s):

