



## 29<sup>th</sup> July – 2<sup>nd</sup> August

Young Person's FULL Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School year (Sept. 2019): \_\_\_\_\_

**Parent / Guardian Contact Information:**

Email address \_\_\_\_\_ (please print)

Home Number: \_\_\_\_\_

Name & Mobile Number: \_\_\_\_\_

Name & Mobile Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ **T-Shirt Size: XS/S/M/L/XL (all adult)**

**Alternative Emergency Contact:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile Number: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Please indicate medical conditions, special needs, allergies or dietary requirements to your child, any medication being taken and anything else that would be helpful for the leaders to know about:

\_\_\_\_\_  
\_\_\_\_\_

**Declaration**

I agree to \_\_\_\_\_ taking part in Youth Week 2019.

I agree to my son/daughter receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered appropriate by the medical authorities present.

- I will inform the Leaders of any changes in the medical or other circumstances detailed in this letter between now and the commencement of Youth Week.
- I give permission for my son/daughter to leave the church premises, as part of a group and under supervision, for activities
- I am happy for photographs of the event which feature my son/daughter to be used for display, local press, social media including Facebook, Instagram & Twitter, church website or publicity purposes.

I agree to \_\_\_\_\_ taking part in the day trip to Bangor

- I understand that my son/daughter will NOT be supervised at all times (changing for water activities)

Signed: \_\_\_\_\_ (parent/guardian)

Print Name: \_\_\_\_\_ (parent/guardian)