

AMPLIFY BOOKING

REGIONAL YOUTH WEEKEND AWAY | THE PIONEER CENTRE, NR KIDDERMINSTER DY14 8JG | 6TH-8TH MARCH 2020

General Information

Name (of young person/young adult):	
Date of birth:	
Address:	
Name of parent/guardian:	
Contact details:	
Tel no (home and mobile):	

Emergency Contacts

Please provide details of two emergency contacts and where they can be contacted during the period of the event.

Contact 1 - Name:	Contact 2 - Name:
Relationship to young person/young adult:	Relationship to young person/young adult:
Contact number(s):	Contact number(s):

Medical Information

Any known medical conditions (physical or mental health):
Details of any medication being taken during the event/trip:
<i>(If you use an inhaler for asthma, please remember to bring a spare one with you.)</i>

Medical Information (continued)

Any allergies to medication:

Any food allergies or special dietary requirements:

Any special access needs:

Name and address of family doctor:

NHS Number:

Declaration

In the event of illness/injury, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication (including an anaesthetic).

Signed:

Print name:

Is there any extra information of which we should be aware to enable us to provide additional support?

Please give details of any court orders:

Multimedia Images

It is possible that during the event, your child/young person below the age of 18 may be photographed or recorded (audio or visual). The organisers of the event will take steps to ensure that these images are used solely for the purposes that they are intended, which is the celebration and promotion of the Methodist Church's work with children and young people. If you become aware that these images are being used inappropriately you should inform an official as soon as possible. The Methodist Church takes the issue of child safety very seriously and we believe we have a duty of care. This means that images of children and young people will remain unidentifiable, with names and identifying information being withheld.

Please read the above and sign as appropriate on the following page.

Multimedia Images (continued)

Parents/guardians to complete - **please delete as appropriate*

I give*/I do not give* my consent to my child being photographed and recorded and the images used as stated

Signed:

Over 18 attendees to complete - **please delete as appropriate*

I give*/ I do not give* my consent to be photographed and recorded and the images used as stated above.

Signed:

Consent

I confirm that I give my consent for my son/daughter to take part in this event/trip, including the on-site activities (unless otherwise stated) and that all the information I have given is accurate. I will inform the group leader as soon as possible should there be any changes to the information I have given.

Signed:

Print name:

Date:

Payment

The cost per participant should not be higher than £54, thanks to subsidies agreed by the two Districts. Payment instructions will be issued to local churches once final names and numbers are known. Please return the form to Malcolm, or your youth leader or Rudaviro email: rudaviro.mvundura@birminghammethodist.org.uk by 10/02/20

Please return completed forms and payment to: