

PARENT/GUARDIAN CONSENT FORM

We ask that any young people aged between 12 & 15 be in the same team as their youth leader, and that the youth leader should be responsible adults for the weekend. Young people over the age of 15 may be with their normal youth leaders, but may also be with another leader, aged 18+

IF AGED FROM 12 – 15 YEARS ON 1st MAY 2010

Young person's name

Age on 1/5/10

I, _____ (name of parent/guardian) consent to Gareth Whitelev (name of person 18+ years, normally the designated youth/group leader) being the responsible adult, having full responsibility for _____ (name of young person) at all times throughout the Ready 4 Action weekend. I therefore wish the above named individuals to attend the same activities.

IF AGED 16 OR OVER YEARS ON 1st MAY 2010

Young person's name

Age on 1/5/10

I, _____ (name of parent/guardian) consent to the Ready for Action team appointing a team leader to be responsible for _____ (young person) for the weekend. I understand that they have checked the references of all team leaders, have only chosen leaders with relevant past experience in either youth work or leadership, and who have agreed to comply with the Child Protection Policy

Please sign for either age category

I understand that the leaders will take all reasonable care in the running of the group but I acknowledge the possibility that my child may, for a short time, be out of sight of a leader during the activities. I understand that personal accident insurance is my responsibility and that the leaders and organisers cannot be held responsible for any loss, damage or injury suffered by my child whilst at Ready 4 Action.

SIGNED

(parent/guardian)

DATE

(parent/guardian)

Please complete and return your form to James Finch



READY 4 ACTION APPLICATION FORM - UNDER 18

Please complete in BLOCK CAPITALS.

*Please delete as appropriate

Surname		Address	
First Name (s)			
Email		Postcode:	
Date of Birth		Age on 1/5/10	
Tel No.			
*Male/Female	URBAN SAINTS GUILDFORD		

Parent/Guardian Details	Address
Surname	
First Name	
	Postcode:
Email	
Tel No.	

I have included a cheque for £5 made payable to The Matrix Trust tick to confirm

R4A DAY SATURDAY

MEDICAL DECLARATION

Please indicate if you suffer from any of the following. (If yes, please give details of any medication taken, and any prophylaxis/diabetes treatment that might be required as an emergency):

ASTHMA	*YES/NO
EPILEPSY	*YES/NO
DIABETES	*YES/NO
ALLERGIES	*YES/NO

OTHER ILLNESSES (please give details)

Name and Address of GP	Tel:

In case of emergency please contact the following person	Name	
Mobile:	Tel (Day):	Tel (Eve)
Address:		
Relationship to you:		

I _____ (name of parent/guardian) consent to my child receiving any necessary medical treatment at the discretion of the First Aiders/ qualified medical staff on duty.

SIGNED	(parent/guardian)	DATE	(parent/guardian)
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