

Refine

14-18 Youth Ministry at Christchurch, St. Albans

Consent Form

Activity Title:	Sleep Out 2007
Activity Date(s):	Fri 7th Dec 2007 9.00pm – Sat 8th Dec 2007 7.00am
Activity Location:	St. Albans Cathedral and Abbey Grounds
Overview / Programme:	The purpose of this activity is to increase awareness and raise money for the homeless. It will involve a night spent sleeping outside. There will be an indoor soup kitchen and toileting facilities available throughout the night. A ratio of 1 leader to 6 Refiners will be maintained. At least one male and one female leader will be present throughout. The closing date to let us know that you, or any friends, are coming is Sunday 18th November. Please see www.christchurch-stalbans.org.uk/refine/events.html or www.stalbans.anglican.org/news/2006/sleepout07.htm for further information incl. registration and sponsorship forms.
Are Friends Permitted?:	Yes. We can take some of your friends but for this event only if we already know them. First tell them what the event is about and, if they are under 18 years old, a copy of this 'Consent Form' must be signed and brought also. It may be that numbers will be limited.
What to Bring:	<ul style="list-style-type: none"> ▪ If under 18 years old this Consent Form, signed by a parent/guardian ▪ Sleep Out Registration Form (see links above) ▪ Sleep Out Sponsorship Forms (see links above) ▪ Sleeping bag / blanket & pillow ▪ Survival sack or plastic sheeting ▪ Warm clothes ▪ Toothbrush and toothpaste ▪ A torch is handy, as is a good sense of humour ▪ <u>No tents, footballs, stereos or alcohol</u>
Travel Arrangements:	Drop off at St. Albans Cathedral at 9pm Fri 7th December. Collect from St. Albans Cathedral at 7am Sat 8th December.
Cost:	Whatever is raised by sponsorship or a minimum £10 donation – whichever is the greater.
Queries:	Séan R on 07970 834226 or 01727 765747.

Section 1: Details of Child / Young Adult Under 18...

Name:			
Date of Birth:			
Address:			
		Post Code:	

Section 2: Details of Parent / Guardian...

Name:			
Address: (if different from Section 1)			
		Post Code:	
Contact Tel. Numbers: (during activity dates/times)	Daytime:		
	Evening:		

	Mobile:	
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Section 3: Medical Information & Dietary Requirements...		
Family Doctor Name:		
Family Doctor Address:		
		Post Code:
Family Doctor Contact Tel. Numbers:	Office:	
	Emergency:	
Please provide details of any allergies affecting your son/daughter:		
Please provide details of any medication your son/daughter is currently taking. Please detail dosage and if the medication can be self-administered:		
Please provide details of any contagious or infectious illness or disease your son/daughter has suffered from in the past 3 months:		
Please provide details of any other illness that your son/daughter has suffered from recently:		
Please provide details of your son's / daughter's special dietary requirements:		

Section 4: Consent...	
This section must be completed by a parent or legal guardian only...	
In an emergency, if you cannot be contacted despite all reasonable attempts to do so, do you give your permission for your son/daughter to undergo emergency medical treatment including the use of anaesthetics if considered necessary by qualified medical staff? (Please tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details of any activities included in the programme in which your son/daughter may <u>not</u> participate:	
Please provide any other information that you think may be useful to us in caring for your son/daughter (e.g.: travel sickness):	

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"I am a parent / legal guardian of the person under 18 years old detailed in Section 1 of this form. I have read and understood his form in its entirety. I give my permission for my son / daughter / ward to take part in this activity. I understand the nature of the activities that will be undertaken and am aware of any travel arrangements. I understand that the organisers and leaders will take all reasonable care in looking after my son / daughter / ward but that I cannot and will not hold the organisers or leaders responsible for any loss, damage or injury suffered by my son / daughter / ward during, or as a result of, the activity. I understand that if my son / daughter / ward grossly misbehaves then the organisers and leaders may forbid them from further participation and require me to collect them immediately at my expense. I agree to pay for any deliberate damage to property wilfully caused by my son / daughter / ward."

"I enclose as payment for this activity."

Please make cheques made payable to:

Name (block capitals): _____

Date: _____

Signature: _____