

Parent consent form—Youth Activity Sessions Easter 2015

PLEASE select date of activity

WEDNESDAY 1 April (Wild Survival)

WEDNESDAY 8 April

(Archery/Clay Pigeon Shooting)

Child's Name:

Address:

Inc postcode

Age:

Date of Birth

Parents Name:

Tel No:

Email Address:

Name of person collecting young person:

Relationship to young person:

Are there any medical problems or allergies we need

to know about? YES/NO If YES please provide further information in box below:

Please provide your GP name and address including telephone number:

Are there any dietary requirements we need to know about? YES/NO

If YES please provide further information

I hereby verify that the information stated above is correct and give my full consent to my child receiving emergency medical aid if required.

Parent/Guardian details—please sign and date

Photography of your child- I give my full consent for my child to be photographed as part of the group by the parish council for promotional purposes only (leaflets/web-site, etc).

YES / NO

**Please include your PAYMENT OF £5.00 per session—cheques payable to Brickhill Parish Council
Payment is required at time of booking.**

**Please complete this form and return to:
Brickhill Parish Council, Brickhill Community Centre,
Avon Drive, Bedford, MK41 7AF
Office opening hours 10-2 Monday-Friday (Telephone 01234 271708)**