

Parent Consent Form – Youth Activity Easter 2016

Wednesday 30 March – American Multisports

Wednesday 6 April Terminator Turmoil
and Adrenaline Races

Child's Name Date of Birth

Address
Inc Postcode

Parents Name Contact Tel No

Email details

Name of Person
Collecting young person

Relationship to
Young person

Medical information

Are there any medical problems/allergies we need to know about? **YES/NO** If YES please provide further information in the box below and provide your GP name and address including phone number.

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

Parent /Guardian details – please sign and date below:

Photography permission:

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/website, etc) **YES/NO**

Please include your payment of **£7.50 per child per session** at time of booking. Cheques payable to "Brickhill Parish Council" or payment via BACS please quote your surname as the reference, Co-Op Bank, Sort Code 08-92-99 A/C No 65349052. Please complete this form and return to:

Please complete this form and return to: Brickhill Parish Council, Brickhill Community Centre, Avon Drive, Bedford MK41 7AF clerk@brickhillparishcouncil.gov.uk Tel; 01234 271708