

Parent Consent Form – Summer 2016

26th July – Battlefield Live

2nd August – Climbing Wall & Low Ropes

9th August – Bushcraft

16th August – Laser Clay Pigeon Shooting & Archery

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