

KENSINGTON AREA YOUTH WEEKEND AWAY BOOKING FORM

12th – 13th
May 2017

Please note if you have more than one child coming, please fill in two separate forms.

Your child's full name: _____

Name by which they like to be known if different from above: _____

Date of Birth: _____

Parent/Guardian full address:

Emergency contact numbers:

Home: _____

Mobile: _____

Second parent/guardian emergency contact numbers:

Home /Work: _____

Mobile: _____

Medical Information: Your child's registered GP

Doctor's Name: _____ Telephone no: _____

Address: _____

Please state date of last tetanus injection (if known): _____

Whilst in our care, it is important we know of any medical issues that could affect your child.

Please give details of any:

Allergies: _____

Required medication (indicate if carried with child):

Mental or Physical Health condition or disability we should know about:

Name of Church attending with: _____

Name of Youth minister/ clergy/ leader taking the group: _____

Your youth worker/minister email address (if known) _____

Sleeping arrangements: All children will be sleeping in single-sex dormitory rooms consisting of three bunk beds and a modern en-suite shower room. If relevant, please list below one, two or three names of children of the same gender who your child would ideally wish to share a room with. We will try our best to put your child with at least one of their choices.

1. _____ 2. _____ 3. _____

Food: Please state any food allergies/intolerances/dietary requirements including if your child is a vegetarian:

Mobile phones and personal electronic equipment: We discourage the bringing of mobile phones on the weekend.

If you deem it necessary for your child to bring one, please let us know here below. There will be no mobile phones allowed in the dormitories at night and during outdoor activities. Please ensure your child is aware of this. We will provide secure storage for phones overnight. This also applies to personal music/ gaming devices such as Nintendo DS/ipods/ipads etc.

Activity choices: Please number the top 5 activities your child would like to do in order of preference with number 1 being the top choice and so on. Each child will be able to participate in at least 2 activities.

- High ropes
- Leap of Faith
- Climbing wall
- Mountain boarding
- Mountain biking
- Archery
- Air Rifle shooting
- Flying Kiwi (Flying through the air, pulled up by ropes)
- Tall Crate Stack
- Low ropes
- Abseiling
- Jacobs ladder

For more information on these activities please visit: <http://www.oakwoodyouth.co.uk/>

Parental Consent:

I give permission for my son/daughter (insert their full name) _____ to attend the Kensington Area Youth Weekend Away, and I agree to him/her taking part in all or any of the activities.

I certify that so far as I am aware my son/daughter is medically fit to undertake the journey to this event and to participate in the associated activities and there are no known health reasons why he/she should not do so (unless otherwise stated).

I authorise any medical treatment to be provided should this become necessary during the course of the event or journey.

I understand that those supervising my child are *in loco parentis* and must exercise a standard of care that would be expected of a reasonably prudent parent.

I understand that the supervising adults and any churches/organisations represented cannot be responsible for personal injury or any other damage or loss unless it is negligent, and that no liability exists in the case of pure accident.

I understand that my son/daughter must remain with the Kensington Youth Weekend Away group during the whole weekend and the churches/organisations involved cannot take responsibility for anyone who deliberately leaves the Oakwood site without permission. If a child does leave the secure boundaries of the site, a parent or guardian will be called upon to collect their child immediately.

I understand & my child is aware that there is a zero tolerance policy regarding the possession of any cigarettes, alcohol or drugs. If a child is found with any of these items, a parent will be called upon to collect their child immediately.

I give permission for my child to be in photos taken by the leaders of the Youth Weekend Away and used by the Diocese of London in future publicity.

Signature of Parent or Guardian: _____ **Date:** ____/____/____

Payment: Please enclose a cheque for £110 payable to 'London Diocesan Fund Kensington Area' with your child's name clearly printed on the back and the name of the church with which they are attending. If you do not have access to a cheque book you may do a bank transfer. Please ask your youth leader for details. A limited number of bursaries are available for those who otherwise cannot afford to come; please speak with your vicar/youth worker. Spaces will be secured on a first-come first-served basis upon receipt of full payment (or part-payment in the case of a pre-agreed bursary).

PLEASE RETURN THIS FORM WITH YOUR CHEQUE TO YOUR YOUTH MINISTER/CLERGY/LEADER