

A signed Consent Form is required for every young person aged 18 or under attending The Alpha Weekend Away 2019, including under-8s belonging to leaders and under-18s coming as helpers with a group.

YOUR CHILDS DETAILS

Full Name Male Female DOB / / Age

Home Address

Please tick this box if you are coming as a helper with this group

Name of Family Doctor

Surgery Phone No

Surgery Address

Please give details of any disabilities, allergies or medical conditions of which we should be aware, and/or any dietary requirements:

Please give details of any medication currently taken (including the dosage and whether self-administered):

PARENT'S CONTACT DETAILS

Full Name

Contact Email Address

Address during the weekend If different from child

Contact Telephone Number

I agree to my son/daughter _____ (name) _____ (dob)

Taking part in this weekend and I understand the nature of the activities that will be undertaken and the travel/ sleeping arrangements. I understand that the leaders and those organising this weekend will take all reasonable care in looking after my son/daughter but they cannot necessarily be held responsible for any loss or damage to property during, or as a result of, this residential.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders/organisers of the Alpha Weekend Away, I give permission for my son/daughter to undergo emergency medical/dental treatment, including the use of anaesthetics, as considered necessary by the medical authorities.

I give permission for for Ivybridge Methodist Church and Plymouth Vineyard Church to process and store the personal data given on this form for use in relation to my child attending this weekend and for use in safeguarding records. I understand that IMC and PV will never sell or swap our data with another organisation and will store our details securely

I understand that videos and photographs of young people attending this weekend may be taken by participants and staff and that attendance at this weekend signifies agreement that these may appear in future publicity or other materials produced by for Ivybridge Methodist Church and Plymouth Vineyard Church *. (*Personal information is never disclosed when such materials are used unless permission is obtained.)

I understand that if my son/daughter grossly misbehaves at this event then the organisers may forbid them from further participation and require me to collect them at my expense.

I agree to pay for deliberate damage to property caused by my son/daughter.

I understand that attending this event with 2 separate churches may involve my young person being attended to by another church's Youth Leader who has the relevant checks including DBS.

I give permission for Ivybridge Methodist Church and Plymouth Vineyard Church to process and store the personal data given on this form for use in relation to my child attending this weekend and for use in safeguarding records. I understand that for Ivybridge Methodist Church and Plymouth Vineyard Church will never sell or swap our data with another organisation and will store our details securely.

Signature (Parent or other adult with delegated parental responsibility)

DATE.