

THE WEEKEND AWAY 11th-13th Oct '24
Booking and Consent Form.
Location: Cefn Lea, Dolfor, Newtown SY16 4AJ



Young Person details:

Name of Young Person: _____ Gender: _____

Date of Birth: _____ School Yr: _____ School: _____

Address: _____

Does your child have any medical issues/conditions or dietary requirements of which we need to be aware?

Emergency contact 1:

Name _____ Relationship _____
Home number _____ Mobile Number _____

Emergency contact 2:

Name _____ Relationship _____
Home number _____ Mobile Number _____

- I give permission for youth leaders at The Weekend Away to take photos and videos of my child whilst involved in activities over the course of the weekend. These may be used to promote youth activities by the churches involved. (Please tick)
- I give permission for my child to receive emergency hospital treatment including anaesthetic should they require it. (please tick)
- I give permission for my child to be given paracetamol/ibuprofen by a leader in accordance with the pack instructions should they need it. (please tick)

By signing I confirm that the above details are complete and correct to the best of my knowledge and consent to my child attending The Weekend Away 2024 at Cefn Lea. In the unlikely event of illness or accident I give my permission for any necessary medical treatments to be given by the first aid team. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

- I have transferred £110 date _____
- I will transfer £10 a month for 11 months beginning _____.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____