

# Aldbourne Youth Council Trips, Activities and outings Application Form

(Places are allocated on a first come first served basis on receipt of payment.)

## Young person's Details:

Name	
Date of Birth	
Gender (M/F)	
Dr Name/Address/ Telephone number Details of any medical condition/disability supervisors should be made aware of and any specific needs.	

## Parent/Guardian Details:

Name	
Address	
Telephone	
Email	
Emergency Contact	Name: _____ Telephone: _____

Activities my child would like to enrol on:

Total Cost of trips	£	Cheque enclosed for	£

Parent/legal guardian declaration: I understand and agree that spaces are allocated in line with the AYC Trip and Outing policy and

- By signing this form, I confirm that I have legal guardianship for the child/ren above and while they participate on AYC organised trips/activities they are expected to follow the supervising adults instructions and AYC policies and procedures at all times to ensure they and others participating remain safe. If they fail to follow instructions then supervising adults will remove my child from the activity, I may be contacted and they may be sent home.
- Some of the activities have been subsidised by grant providers and require photographs for evaluation and publicity purposes both via local newspapers, website and social media. Please tick if you **are NOT** happy for us to use photographs in which your child appears.
- I consider my child to be medically fit to participate in the activities they are enrolled on and agree to inform organisers should this change between now and the activity date.
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged.
- I agree to my son/daughter/ward receiving any emergency: medication, dental, medical or surgical treatment, including anaesthetic, as considered necessary by a medical authority/professional if I cannot be contacted in an emergency.
- To conform to the Data Protection Act we need to have your permission that the above information can be stored on our computer database and on paper. By signing this declaration you consent to the details on this form being stored for the sole use of Aldbourne Youth Council. (Please delete this part of the declaration if you do not give permission.)

Parent/legal guardian signature: _____ Date: _____
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**Young person declaration:** I agree to follow adults instructions at all times and any rules in place for mine and others safety and enjoyment of activities provided by Aldbourne Youth Council or activity centres.

Young person signature: \_\_\_\_\_ Date: \_\_\_\_\_