

Basement Youth Café Ice Skating Trip – 8.00pm Friday 3rd Feb

Bookings must be in by Friday 27th Jan. Places are 'first come, first served'.

This trip is subsidised: Members £4 Non-members £5

As minibus parking is very difficult we will be relying on parents to drop off and pick up their children. **If you *cannot* arrange transport please indicate on the reply slip and we will try to arrange transport in the leaders' cars on a 'first come, first served' basis.**

- **Please arrive at the ice rink at 8.00pm** as we will need to enter as a group in order to use the 'queue-jump' tickets and group-rate entry. **Pick up time from ice rink: 9pm.**
- Please wear suitable clothing. (Thick socks, gloves and layers... remember it's cold in there, but you get hot skating.)
- Do not bring valuables you don't need - they regularly go missing.
- You may want to bring a drink with you or the money to buy one.



Booking/Consent Slip

Young Person's (YP) Details:

First name _____ Surname _____

Home Address _____

Ice Skating is one of those trips where accidents happen more often!

Emergency contact people

(Please give two phone numbers in case there's no answer on first)

Name _____ Name _____

Telephone _____ Phone _____

Relationship to YP _____ Relationship to YP _____

Please tick this box if you **cannot** arrange transport:

Parental Consent

- I give permission for the young person named above to attend the trip, and enclose cash/cheque (payable to TBC)
- I understand that these details will be kept on file at TBC Centre.
- I give my consent for my child to be transported by Leaders in minibus or cars, as long as where possible, there is at least one other adult or young person present in the car and young people travel in the back seat whenever possible.
- I also understand that any photographs taken at the event may be used at Thornbury Baptist church after the trip, or on TBC's church website.
- In the unfortunate event of illness or accident, I give my permission for medical treatment to be administered where deemed necessary by nominated First Aiders or suitably qualified medical practitioners. Should emergency hospital treatment be required, I authorise a Leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. However, I understand every effort will be made to contact me as soon as possible.
- I confirm that these details are correct and accurate to the best of my knowledge.

Signed (Parent/Carer) _____ Date _____