

SOUL SURVIVOR! 7th-12th August 2012

Please complete whole form & return to Josh with money (Cheque Payable to Soul Survivor) to book your place ☺ Thanks

Paid in full before 23.01.12: **£85**, Paid in full before 22.04.12: **£94**, Paid in full after 22.04.12: **£109**

Contact Details First name: _____ Surname: _____
Address: _____
Postcode: _____ Date Of Birth: ____/____/____
Home Tel: _____ Mobile No.(you?) _____ (Parent Mob?) _____
Email?: _____ Church name (if not TBC) _____
(if not TBC) Church Town _____ Church Leader _____

If you know, please fill in the following information, otherwise, suggest people for now.

Tents Who you would like to share a tent with?-please write their name(s)

1 _____ 2 _____ 3? _____ 4? _____

Whose tent is it? _____ How big is the tent? (eg 3-man) _____

In case of Emergency

NHS Number _____ **OR** GP name & Surgery _____

Date of last inoculation against Tetanus _____ Do you:

- require any medication of any kind _____
- have any special dietary requirements _____
- have any known conditions or allergies _____
- any other special needs (e.g. reading) _____
- other requirements that it would be helpful for Youth Leaders to know about? Yes /
No If Yes please specify

Emergency contact person (other than home) Name _____

Telephone Number _____ Relationship to you _____

Parental Consent

- I give permission for _____ (young person) to attend Soul Survivor 7-12th August 2012, and enclose a cheque for the full amount payable to 'Joshua Huteson'.
- I give my consent for my child to be transported by the Leaders in their 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 understand any photographs taken may be used at TBC or on TBC's church website.
- In the unlikely event of illness or accident, I give my permission for medical treatment to be administered where deemed necessary by the nominated First Aiders, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, 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 that every effort will be made to contact me as soon as possible.
- I confirm that these details are correct and to the best of my knowledge

Signed (Parent/Carer) _____ Date _____

- I want to be part of the TBC Soul Survivor group and understand that means sticking to the basic expectations; Signed (Young Person) _____ Date _____