

This application must be completed by the parent/carer/guardian of the person attending, unless the attendee is over 18. Completing this form lets us know you want to come to West Hill Park Youth Holiday. We will then be in touch to sort out paying the deposit to confirm your place. (Please use BLOCK CAPITALS).

1. Details about the person coming on the holiday

First name: _____ Last name: _____ Preferred name: _____

Date of birth ___/___/_____ Sex: Male Female

Address _____

_____ Postcode _____

Names of any other friends or group you are coming to West Hill Park Youth Holiday with

If you are part of a church please let us know which one (you don't need to go to church to come!)

2. Next of kin contact details

Title _____ First name _____ Last name _____

Address _____

_____ Postcode _____

Mobile _____ Email _____

3. Health and other information please continue on a separate sheet if necessary

Please ensure you include all information relevant to the care of your child during the holiday and anything that it would be helpful for the leaders to be aware of, so that we are best able to support them.

What is his/her current swimming ability?

- 1. Unable to swim
- 2. Can swim at least 100m unaided
- 3. Can swim at least 200m unaided

I give consent for him/her to participate in swimming in a swimming pool on the holiday

No Yes

Does he/she have any special dietary requirements (including food allergies/intolerances)?

Please indicate your consent for a responsible leader to dispense plasters and common over-the-counter medication.

No Yes

Is there any reason why he/she should not swim or take part in other sports?

If he/she has, or has a history of, any of the following please give details:

- Kidney disease
- Heart/blood disorders
- Epilepsy/faints/neurological disorders
- Diabetes
- Asthma/hayfever/lung disease
- Anxiety when away from home
- Additional support at home and/or when in education for specific needs

Is there anything you can tell us about your child's emotional or learning needs, mental health and/or behaviour to help us provide the best care?

Does he/she have any other physical conditions?

Does he/she have any allergies?

Does he/she take any regular medication?

Does he/she use inhalers for asthma?

No Yes, on a regular basis Yes, only when needed

Has he/she suffered any injuries in the last 2 years?

Is there any other information not covered above that we should be aware of?

We might take photos whilst at the holiday for promotional purposes (including on the internet and social media). Are you happy for him/her to appear in these photos?

No Yes

Are you happy for us to keep these contact details so that we can contact you about future holidays? If you answer yes, we will keep your information in our database for up to 3 years after the last time he/she comes on the holiday with us.

No Yes

Please send this booking form to Ruth Hassall, 14 Threshers Court, Hollins Lane, Forton, Lancashire, PR3 0BS

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