



**It's a Knockout
Parental/Guardian
Consent Form**



Venue: Rough Close, Scout Campsite, Tanners Lane, Berkswell. CV7 7DD

Date: 22nd - 23rd June 2019

Personal and Contact Information

(to be completed by Parent/Guardian)

Participant Name: _____ Date of Birth: _____

Home Address (incl. Postcode): _____

Parent/Guardian Name: _____

Address (if different from above): _____

Email Address: _____

Daytime Contact Telephone Number: _____

Evening Contact Telephone Number: _____

Additional Emergency Contact Information

Name: _____ Relationship to participant: _____

Daytime Contact Telephone Number: _____

Evening Contact Telephone Number: _____

Medical Information

Name of GP: _____ Telephone Number: _____

Address: _____

Participant's NHS Number _____

Does the participant suffer from asthma, allergies, diabetes, epilepsy or and other medical problem that may affect normal activity? Please give details of condition & treatment.

Will the participant have any medication with them? Please give details.

Does the participant have any special dietary needs?

Please notify the group leader or person in charge if the participant has been in contact with any infectious disease within 3 weeks of the event.

Permission & Consent
(to be completed by Parent/Guardian)

I give permission for _____ to participate in *It's a Knockout*.

Please tick the relevant statements

- I give consent for my child's photo to be used for promotion on Kenelm Youth Trust's social media
- I give consent for my child's photo to be used for to promote and advertise Kenelm Youth Trust events.
- I give consent for video to be taken and to be used in promotion and advertising
- I give permission for my contact details to be used by Kenelm Youth Trust to keep me updated with events and news.
- I would prefer for you **not** to contact me about future events that may be of interest.

In the event that I cannot be contacted by ordinary means, I give my permission & consent for _____ to receive any necessary medical treatment and authorise the group leader/person in charge to sign any documents required by the hospital authorities.

Signature of Parent/Guardian: _____ Date: _____

Signature of Child for photography/video consent as described above:





It's a Knockout Booking Form



Name _____

Address: _____

Email: _____

Mobile: _____

Team Name: _____

Senior Team (Year 9+) _____ Junior Team (Year 5 - 8) _____

Number Of Young People In Our Team _____

Number Of Leaders With Our Team _____

Camping £28Pp _____ Saturday Only £22pp _____ Pod+£60 _____

Do Any Of Your Team Have Any Dietary Requirements?

Please Detail Below:

Do you have any special requirements that we need to be aware of? E.g. Mobility

Please detail below:

A Deposit Amount Of £50 Is Enclosed With This Form.

- I Will Ensure I Bring All Signed Parental Consent Forms On The Day
- I Agree The Judges Decision Is Final

Signed: _____

Print Name: _____ Date: _____