



LIQUID LEISURE WATER PARK - 27TH JULY

Parent/Guardian Consent

Young Life International complies with the data protection act 1988. Any data provided on this form will be held in accordance with this act.

Young Person's Details

Name of Young Person:
Date of Birth:
Address:
Email address:
Mobile Phone Number:

Details of the Trip

We are going to Liquid Leisure Water Park as a Lamplighter Social. We will be meeting at Liquid Leisure, Horton Road, Berkshire, SL3 9HY at 5pm. Swimming at 6pm and eating just after 7pm. Please do collect your young people at 7:45pm.

The trip will cost £20 and this will include hot food for after the water park.

Your young person will need to bring their swimsuit, dry clothes, a towel and if they want a set of clothes which can get wet.

For more information please contact Chloe Mutton cmutton@ylinternational.org or 07464632721.

Contact Details for Parent/Carer during the Trip

Name of Legal Parent/Carer:
Relationship to Young Person:
Email address:
Mobile Phone Number:

Medical Details

NHS Number:
Name of Doctor (or Doctor's surgery):
Address of Doctor:
Phone Number of Doctor:
Please list any medical problems we should be aware of (include allergies and specific dietary needs)
Please give details of anything else you think we should know

The following section should be read and signed ONLY by the young person's parent or legal guardian

I give my consent for the young person named on this form to take part in this trip. I understand the nature of the activities and the travel arrangements.

I expect the young person that I am giving consent for to behave in a manner that will not cause concern to Young Life International leaders, that even though they will give the utmost priority to the safety of the young people in their care, they cannot be held liable for behaviour that leads to an accident or injury.

We will be taking photographs and video of the young people as part of our trip, these may be used on the Young Life International Website or in other fundraising and publicity material. Please add a note to this form if you DO NOT wish your child's photograph to be used in this way.

In an emergency, if I cannot be contacted, despite all reasonable attempts to do so by the leaders, I give permission for my son/daughter to undergo any medical/dental treatment, including the use of anaesthetics and blood transfusions, as considered necessary by the medical authorities.

Signature:	Date:
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Parent/Guardian of Young Person Named Above