



CONSENT FORM

PLEASE RETURN THIS FORM TO CHRIS DICKISON OR LEAH BLACK
ON OR BEFORE MONDAY 24TH JULY.

Impact will take place at Ravernet this year, drop off is after lunch at **12.30pm** and pick up is at either **6.30pm or 9pm** from **RAVERNET PLAYING FIELDS** depending on whether your child would like to stay on after dinner and get involved in the evening family activities.

Impact this year kicks off with afternoon team sessions in the marquee with speakers, prayer and worship before commencing kids' activities in the afternoon. The young people should bring some snacks and water for throughout the day with some being provided - please be aware of any allergies. Team dinner will be served in the marquee at 5.30pm.

Kids' afternoon Activities include:

Evening family activities

- inflatable assault course/bungee run
 - cage football
 - dance workshop
 - sports day
 - water fight
- movie night
 - drums workshop
 - mountain bike stunt exhibition
 - bbq night

It may be a sunny week, so come prepared with sun cream and sun hats if required. Wear appropriate footwear.

State what size of Tee - shirt would be suitable, either S, M, L, XL:

I give permission for my son/daughter to participate in all the kids outdoor and team indoor activities throughout the week 24th-28th July from 12.30pm-6.30pm.

I give permission for my son/daughter to participate in all the evening family activities if they wish to be involved from 7pm-9pm throughout the week 24-28th July.

I give permission for photos or video footage to be taken of my child to be used for church purposes only, such as church powerpoints or Legacurry website/Facebook/social media page.

If you have any food allergies or dietary requirements please list these below:

If your child is on any medication that we should be aware of please list below.

Please state any of the above activities you do not give your child permission to participate in:

Child's name: _____ Child's DOB: _____

Address: _____

Relationship to child: _____

Name and contact number of parent/guardian: _____

Phone number to be contacted in emergency: _____

Second number to be contacted: _____

In the event of illness or accident, having parental responsibility for the named child above, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner. In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

I will inform the leaders of any important changes in my child's health, medication or needs and also of any changes to our address or to any phone numbers given above.

I confirm that the above details are correct to the best of my knowledge.

Signed _____ (Parent/Guardian)