

# South West Area YFC Junior Activities Weekend 17<sup>th</sup> – 20<sup>th</sup> August 2018

*Kindly sponsored by Massey Ferguson*



3 days of action, adventure and water sports with 75 YFC members from across the South West Area. We will be staying in Pod's for the weekend with lots of exciting things planned! You will be taking part in activities such as kayaking, abseiling, high ropes, raft building, bush craft and much more.



**£100 per person** includes accommodation, activities, food, travel & insurance.

## **GUARANTEED TO BE A GREAT WEEKEND!!!**

Places are limited so please complete and return your booking form along with full payment by Monday 11<sup>th</sup> June.

If you have any questions please call the Office 01647 24120



Please complete the enclosed form fully and return to the County Office by **Monday 11<sup>th</sup> June with the full payment of £100 per member** to secure their places.

**NO PAYMENT = NO PLACE!!**

Cheques should be made payable to 'DFYFC' and returned with the booking form to:

Devon YFC Office, Amory Building, Cheriton Bishop, Exeter, EX6 6JH

or Bank Payments can be made using the reference JAW + Name to:

Sort Code 40 52 40 / Account Number 00022003

# **BOOKING FORM & PARENT/GUARDIAN CONSENT FORM**

Event: South West Area YFC Junior Activities Weekend 17<sup>th</sup> – 20<sup>th</sup> August 2018

Name of Child: ..... Membership No. ....

Address.....

Home Phone No..... Age ..... D.O.B.....

Name & address of Doctor .....

Emergency Contact Numbers: (Please list 2 and relationship to the Child)

.....

Email Address.....

**Special Details:** any relevant information regarding your child's health or diet requiring special attention but which does not prevent him or her taking part should be noted below:

- Does your Child suffer from any allergies (antibiotics, Elastoplast, aspirin or foods), diabetes, epilepsy, bad period pains, or any other illness or disability? **Yes / No**

If yes, please give details

- Is your child taking or receiving any medical treatment at present? **Yes / No**

If yes, please give details

- Has your child suffered from any recent illness, or been in contact with any contagious or infectious disease within the last 3 weeks? **Yes / No**

If yes, please give details

- Does your child have any special dietary requirements? **Yes / No**

If yes, please give details

- Can he/she swim 50 metres? **Yes / No**

- Date of last anti-tetanus injection (if known)

Any other information that you feel we should be aware?

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I consent to any emergency medical treatment necessary. I authorise the group leader to sign on my behalf, any written form of consent should medical treatment be deemed necessary, if a delay to obtain mine was likely to endanger my child's health or safety. **Yes/No**

I confirm that my child is in good health and I consider him/her fit to participate. **Yes/No**

I consent to photographs being taken of my child during activities at the residential which may be displayed on our website or in advertising leaflets. **Yes/No**

My child understands full participation in all activities is expected. **Yes/No**

I give permission for my child named above to attend the Activities Weekend from 17-20<sup>th</sup> August 2018.

Signature of Parent/Guardian ..... Print Name.....

Date .....