

STREETREACH 2015

Under 18 application Form



Participants full name:

Date of Birth:

Parent/Guardian Full Name:

Address:

Emergency Contact Number:	Relationship:
1: <input type="text"/>	<input type="text"/>
2: <input type="text"/>	<input type="text"/>

Any known Allergies/Medical Conditions/Medications:

Please tick you preferred team/s:

Detached: Kids work: Youth work:
 Practical/Gardening: Elderly: Prayer:

Whilst we will try to accommodate preferences please be aware that needs may require us to place you in alternative areas.

I wish to avail of the free bus provided by the youth council to Summer Madness on Friday 3rd of July.
Please note that the CYC is no longer responsible for any young person from their time of arrival at Summer Madness.

Parent's Recommendation

I confirm that the details declared are complete and correct to the best of my knowledge. In the unlikely event of an accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency, and I cannot be contacted, I am willing for my child / ward to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

YES NO (please tick as appropriate)

I give permission for my child / ward's email address to be stored and used for communication regarding Streetreach, its activities, as well as related activities which Streetreach seeks to promote awareness of. I understand that if I submit my personal email address that I will receive copies of all email circulations.

YES NO (please tick as appropriate)

Please include a valid email address so we can contact you with relevant info:

Photographs will be taken for publicity purposes. Should you wish that your child/ward's photograph **NOT** be taken, please tick here:

Parent/Guardian Signature:

Date:

Church Minister's Recommendation

In order to take part in Streetreach the following *MUST* be completed by your minister *ONLY*

I approve of taking part in Big Church Serve

Signed:

Print:

Minister of church.

Please provide the names and emails of 2 mature Christian people who will commit to praying for you in the lead-up to, and during Streetreach.