

# STREETREACH 2016

## 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 from Summer Madness to Streetreach  on Tuesday 5th of July.  
*Please note that the CYC are not responsible for any young person during 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 Streetreach

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.**