

PARENTAL CONSENT

The Friendship Café Activities residential weekend 27-29th April 2018 for boys

Gorge walking, archery, camp fire, BBQ (subject to weather and availability)

Activities possible for children from 10 years old plus.

Children under 10 with appropriate adult can attend but not participate in the river based activities.

Venue: L&A The Outdoor Centre, Goytre, West Glamorgan, Wales, SA13 2YP

Timings:

Leaving from Friendship Café **6.30PM** sharp Friday 27th April

Returning to Gloucester approx 4 pm Sunday 29th April 2018

Cost: Contribution of £50 (actual cost is over £150! IF YOU CAN AFFORD TO PAY MORE PLEASE DO SO.) Younger children who are accompanied by their parents pay £17.50 per night to cover accommodation costs (not the main activity). However, if you are facing financial difficulties but would like your child to participate, we have a fee-waiving policy in place, so contact us in confidence to discuss.

Payment reserves space.

- **Bring Sleeping bag/or duvet covers, pillow case and packed lunch for the Friday evening. Full Kit list will shortly be on website**
- *Please can all participants bring along a towel and swimming shorts (to wear under the wetsuit provided. Trainers to wear in the river, and a pair of old shorts to wear on top of the wetsuit. A change of warm clothing is also advised.*

1. Name of child:..... **2. Date of Birth:**.....

3. Address:..... **4. Home Telephone:**

5. Emergency contact number(s).....

6. Medical history.....

A. Has your child, to your knowledge, been in contact with any infection or illnesses in the past three weeks ?

Yes/No.

If yes, give details:

B. Does he suffer from allergies? Diabetes/Migraine/Epilepsy or any other illness or disability?

Yes/No

If Yes please give details.

C. Is he allergic to anything? (e.g. antibiotics, elastoplasts, aspirin, any particular medicines or food etc?)

Yes/No

If yes please give details.

D. Is he actively sensitive to penicillin?

Yes/No

If yes please give details.

E. Is he receiving any medical treatment at present?

Yes/No

If yes please give details.

F. Date of last anti-tetanus jab if known:

G. Does he have any special dietary or other needs? (*Any food served will be **halal***)

I. Name & Address of child's doctor:.....

Please note that personal accident and loss of belongings are not insured but participants are covered by Friendship Café insurance in the event of negligence by any of its employee/volunteers.

I agree to my child taking part in the above activities.

I consent to any emergency treatment necessary.

I consent / do not consent to photos being taken of my child for Café publicity purposes.

I have read and understand the risk warnings about this activity.

Signature:..... **Name:**.....

Date:.....

visit for more info

www.AdventuresWales.co.uk and www.landaoutdoorcentre.co.uk/