

CONSENT FORM
Trip



Dear Parent/Guardian,

As you are aware your child engages with SSYI/Romsey Mill. As part of their involvement with us, we are inviting them to attend a trip. The details of the trip are given below. If you are happy for your child to attend, please complete the consent form overleaf and return to Zac Britton. Please also make sure that you have filled out the forms at www.ssyi.club/signup so that your child's details are on our system.

The trip details are:

Activity:	Skatepark Day Trip
Date:	Wednesday 19 th August 2026
Travel:	The young people will travel in the SSYI minibus
Destinations:	Ware Skatepark SG12 9DB, Oxhey Skatepark WD18 0EZ, Norton Common Skatepark SG6 4UF
Depart:	We will depart from the SSYI Youth Centre in Great Shelford at 9am. Please arrive promptly at 8:55am.
Return:	We will return to the SSYI Youth Centre at 6pm
Cost:	£15
Staff contact details:	Zac Britton, 07599024210, zac.britton@ssyi.club Jack Gilmore, 07821931915, jack.gilmore@ssyi.club

Lunch will be provided, they will need to bring a water bottle.

Your child has shown interest in attending this trip and, should you be happy for them to come along, we require you to complete and return the consent form (overleaf) along with the full payment of £15. Payment can be made in cash, card or via bank transfer, if finances are an issue, please do not hesitate in contacting us.

Helmets must be worn at all times when on the parks, these can be provided, if necessary, we also have a couple of boards, scooters and BMX's that can be borrowed.

Should you have any further questions please do not hesitate to contact Zac Britton, Lead Youth Worker for SSYI.

CONSENT FORM

This form must be completed by the parent/guardian of any person under the age of 18, or by the participant if over 18, before they may participate in the **Skatepark Day Trip 19th August 2026**

PERSONAL DETAILS

Participant's Full Name: _____ Adrenaline Alley Membership No: _____

Address: _____

Date of Birth: _____ Age: _____ Gender: _____

I agree to my child having the opportunity to participate in this trip. High levels of supervision will be given throughout by Romsey Mill/SSYI staff.

MEDICAL INFORMATION

Does your child suffer from:

	Yes	No
Asthma	☐	☐
Epilepsy	☐	☐
Allergic reactions (incl reaction to penicillin)	☐	☐

If you answered yes to any of the above, please give details:

Please give details of any current treatment, past illnesses or operations that may be of relevance to this trip

I agree to my child receiving emergency medical treatment including anesthetic considered necessary by medical authorities present.

Family doctors name and address: _____

Telephone Number: _____

EMERGENCY CONTACTS FOR THE DURATION OF THE TRIP

Name: _____

Address: (if different from above): _____

Telephone Number(s)

Work: _____

Home: _____

Mobile: _____

INSURANCE

I understand that Romsey Mill/SSYI are covered in the event of accidents caused by their negligence, but Romsey Mill/SSYI does not provide personal insurance for participants.

SIGNATURE (Parent/Guardian): _____

PRINT NAME: _____

DATE: _____