

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. Interest is very high for this trip with limited spaces. They will be allocated to those who give their consent form and money first.

The trip details are:

- Activity:** Phoenix Cycleworks Mountain Biking Trip
- Date:** Tuesday 29th August 2023
- Travel:** The young people will travel in a minibus/staff cars
- Destination:** Phoenix Cycleworks, Bury Rd, Kentford, Newmarket, CB8 7PZ
- Depart:** We will depart from the SSYI Youth Centre in Great Shefford at 10:30am. Please arrive promptly at 10:20am.
- Return:** We will return to the Youth Centre at 4:00pm
- Cost:** £10 (There will be an additional cost for bike hire if needed, more information to follow)
- Staff contact details:** Zac Britton, 07599024210, zac.britton@ssyi.club

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 £10. Payment can be made in cash, card or via bank transfer, if finances are an issue, please do not hesitate in contacting us.

Should you have any further questions please do not hesitate to contact Zac Britton.

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 **Phoenix Cycleworks on the 29th of August 2023**

PERSONAL DETAILS

Participant's Full Name: _____

Address: _____

Date of Birth: _____ Age: _____ Gender: _____

I agree to my child having the opportunity to participate in this trip. I understand that although potentially hazardous, high levels of supervision will be given throughout by Romsey Mill/SSYI staff.

MEDICAL INFORMATION

Does your child suffer from:

	Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Allergic reactions (incl reaction to penicillin)	<input type="checkbox"/>	<input type="checkbox"/>

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 anaesthetic 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: _____