**Consent Form**

Aqua Park 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. 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:** Aqua Park

**Date:** Tuesday the 8th of August 2023

**Travel:** The young people will travel in a minibus/staff cars

**Destination:** Ride Leisure, Wyboston Lakes, Wyboston, MK44 3AL

**Depart:** We will depart from the SSYI Youth Centre in Great Shelford at 1:50pm. Please arrive promptly at 1:45pm

**Return:** We will return to the Youth Centre at 5:05pm

**Cost:** £15

**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 £15. Payment can be made in cash, card or via bank transfer, if finances are an issue, please do not hesitate in contacting us.

They will need to bring appropriate swimwear with them, and a bottle of water, wetsuits will be available if wanted.

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 **Aqua Park Trip on the 8th 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, adventurous activities are led by instructors who hold the relevant awards or qualifications, and they will maintain a high level of safety throughout the 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 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: