

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 it to one of the Youth Workers. Interest is high and spaces are limited, to secure your place please send a photo of your completed form to Zac Britton via the email address below.

The trip details are:

- Activity:** Ice Skating Trip
- Date:** Friday the 9<sup>th</sup> of December 2022
- Travel:** Young people will travel in a minibus or staff cars
- Destinations:** Cambridge Ice Arena, Newmarket Road, CB5 8AA
- Timings:** Young people to arrive at the SSYI Youth Centre at 18:50 for departure by 19:00  
We will return to the Youth Centre at 21:00
- Cost:** £5 (Cash, Card and Bank Transfer accepted)
- Staff contact details:** Zac Britton, 07599024210, [zac.britton@ssyi.club](mailto:zac.britton@ssyi.club)
- Other information:** This will be the disco session at the ice rink, they will need to bring thick socks, warm clothing and gloves. The café will be open if they would like to buy food/drink.

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). If money is a concern don't hesitate to get in touch.

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 trip to **Cambridge Ice Arena on Friday the 9<sup>th</sup> December 2022**

**PERSONAL DETAILS**

Participant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male/Female/Other

I agree to my child having the opportunity to participate in this trip. High levels of supervision will be given throughout the trip.

**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:

Is your child currently undergoing any treatment from the doctor/hospital in relevance to this trip? (please explain)

Yes  No  Details:

Please give details of any major illnesses/operations (in relevance to this trip) your child has had previously:

\_\_\_\_\_

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 SSYI/Romsey Mill is covered in the event of accidents caused by their negligence but SSYI/Romsey Mill does not provide personal insurance for participants.

SIGNATURE (Parent/Guardian): \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_