



**PARENTAL CONSENT FORM**

**Name of Youth Group:** BCT Aspire CIC

**Name of Lead Youth Worker:** Paul Burgum

**Youth Worker's telephone number:** Paul Burgum 07788 947856

**Visit to: This form is to cover three specific activities**

- **Sessional Activities** (Wed) that will involve navigation practice in the local area throughout DofE season (Up to 20<sup>th</sup> August 2018).
- **Practice Expedition 2<sup>nd</sup> & 3<sup>rd</sup> June** to an area between Great Ayton & Great Broughton.
- **Qualifying Expedition 7<sup>th</sup> & 8<sup>th</sup> July** – to an area between Swainby, Great Broughton & Great Ayton.

**IMPORTANT – PLEASE READ**

In order to ensure the proposed activity is planned, agreed and safe for all, this form **MUST** be completed and returned as below:

- If you are under 18 years of age, you will not be allowed to participate in this visit unless the person with parental responsibility for you has signed this form.
- If you are 18 years or over, you may complete and sign the form yourself.
- If you are under 18 and living independently, you can complete and sign the form yourself.

**NAME OF PARTICIPANT:**

**DATE OF BIRTH:**

**FULL ADDRESS:**

**TELEPHONE NUMBER:**

**EMERGENCY NUMBER:**

*(where we can contact someone during the trip/event/activity)*

Please give details of any medical conditions, allergies, dietary needs and cultural needs your son/daughter has that we need to know about whilst we are taking care of your child. Is there anything else that we need to be aware of?

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.....

**TRANSPORT:** YES I wish to come by minibus / NO I will be making my own way to this activity *(please delete as appropriate)*



**DECLARATION: PERSON WITH PARENTAL RESPONSIBILITY**  
**(OF UNDER 18'S)**

- I have read and fully understand the information relating to the proposed activity.
- I am satisfied that all reasonable care will be taken for the safety of those participating and that adequate staffing and safety measures have been arranged. I understand the extent and limitation of the insurance cover provided. (Personal accident, personal effects and money, cancellation expenses, medicare and associated expenses, legal liability for accidents)
- I consider my child to be medically fit to participate in the activities outlined and agree to inform the organisers should this situation change between now and the activity date.
- I will inform the organisers of any changes in my child's medical circumstances prior to the activity date.
- I have discussed with my child the acceptable standards of behaviour expected of him/her at youth club events and activities and he/she has agreed to abide by the rules and follow instructions given by staff. Also having read and understood our code of conduct.
- I agree to my child receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present.
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- I am familiar with the nature of the event and consent to

.....  
**(name of young person) taking part in *a day walk as part of the Duke of Edinburgh Awards Bronze Award***

**Signed** .....

**Name (Print)** ..... **Date** .....

I give permission for photographic/video images of my child and quotes attributed to my child, to be used by BCT Aspire CIC. If you want more information on where and how photos/video of your son/daughter will be used please contact Paul Burgum, details on the front of this form.

**Signed** .....

**Name (Print)** ..... **Date** .....

The adult signing must be a person with parental responsibility for the child and must have full legal rights over the child. If you have any doubts please contact (**Paul Burgum**) for further advice.



BCT ASPIRE CIC