



Advent Retreat 2009 Booking Form

11 – 13th December 2009. Cost £62

Arrival 4.30pm on Friday, Depart 2.00 on Sunday

Each participant needs to complete this two page form in full and in block capitals.

Full name _____

Address _____

Post Code _____ Tel _____

Email _____

Emergency contact name _____

Emergency contact phone number _____

Dietary Requirements: Vegetarian Vegan Coeliac (Please circle if applicable)

Food Allergy (please describe) _____

Other _____

Special Mobility Needs _____

(please detail using extra sheets if necessary)

I enclose an SAE in order to receive a map/written confirmation (please tick)

I enclose a non-returnable deposit of £20 per head (made payable to 'The Briars') and agree to pay the balance on arrival.

Signed _____

Please send the completed two page form together with your non-returnable deposit, made payable to 'The Briars,' by 27th November 2009 to:

**Advent Retreat 2009
The Briars Catholic Youth Retreat Centre
Crich Common
Matlock. Derbyshire
DE4 5BW**

Date of Birth (minimum D.O.B is 31/08/1994) _____

Date of last tetanus _____

List any Allergies you have _____

List any medication currently being taken _____

(Please label medications clearly with your name,
dosage and any storage instructions) _____

National Health Number _____

(we MUST have this. You can get this from your GP. It is not your national insurance number)

Name, Address & Phone Number of Doctor _____

Any additional information we should be aware of (i.e. medical symptoms /
conditions / sleepwalking etc...)

Parental Consent

To be completed by a parent or guardian of any young person under 18 years of age.

I will inform you if my child has been in contact with any infectious disease or illness within three weeks prior to the retreat. I understand the Director or Programme Leader reserve the right to send any participant home if necessary. I give my permission for the Director or Programme Leader to sign on my behalf any consent form required for emergency medical/dental treatment in the event that I cannot be contacted. Whilst a parent's consent to medical treatment cannot legally be delegated (Children's Act 1989) it can be a comfort to medical staff to have general consent in advance from parents.

Signed _____ Date _____

I consent to images of my child being taken during the retreat by staff or volunteers of the Youth Service, I understand that these images will be used only for publicity purposes illustrating the work of the Youth Service which may include the service's web site. I understand that my child's name will not be linked with any images or publicity.

Signed _____ Date _____

All images will be taken, stored and used in accordance with national child protection guidelines - a copy of which can be obtained from the youth service at The Briars on request.