

**Search for the Light 2010 Booking Form**

**Thursday 1<sup>st</sup> – Sunday 4<sup>th</sup> April 2010. Cost £80**

**Arrival 4.30pm on Thursday - Depart 12.00 noon Sunday**

Each participant needs to complete in full this two page form 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 a non-returnable deposit of £20 per head (made payable to 'The Briars') and agree to pay the balance on arrival. Your deposit will be acknowledged to the email address you specify above along with a directional map.

Signed \_\_\_\_\_

**Please send the completed two page form together with your non-returnable deposit, made payable to 'The Briars,' by 25<sup>th</sup> March 2010 to:**

**Search for the Light 2010  
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...)

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### 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 even 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.*