

Application form



FLAME CONGRESS 2011

Wembley Arena, London.

24 March 2012

Please complete the form in clear print

Surname:		Forename(s):		Please attach a passport size photo
Address:		Postcode:		
		Date of Birth:	Age at 24/03/12	
		Tel:	Mobile:	
Email address:				
Parish:		School/ College / Other:		
T shirt size:	S M L XL	Please circle size required		
Please list any dietary requirements:				
Please list any special requirements to support your travel needs:				
Please list any relevant medical information:				
Total Cost: Approximately £60 cheques to be made payable to 'Youth Service Events'				
Please return this form with your deposit to: FLAME Congress 2012, Castlerigg Manor, Manor Brow, Keswick, Cumbria, CA12 4AR				

Photography Policy

I understand and consent to the fact that during Diocesan Youth Events, photos and videos of the young people may be taken which may be used for posters, the website and the diocesan newspaper. These images will only be used for these purposes and in an educational context for reminding young people of these activities and experiences and promoting future events. I understand that any young person or leader who does not want their photo to be taken or to be used in any of the ways described above is free to make this clear in writing to the Youth Service staff who will comply with their wishes.

I have read and consent to the Photography policy as detailed above. I recognise that this form covers all events that I/my child may attend now and in the future. I understand that it is my responsibility to inform the Youth Service in writing if I do not want (my child) to be photographed and if my opinion should change in the future.

Signed

Print Name

Date

Signed (Parent or Guardian if under 18) _____ **Date** _____

Parental consent for those under 18

I (name of parent/guardian) _____ give permission for my child to attend this event. I have read and understand the commitment that my child has made and I agree to assist them in any appropriate way to enable them to keep this commitment. If it becomes necessary for my child to receive medical treatment and I cannot be contacted, I give my general consent to any necessary treatment and authorise the Lancaster Diocesan Youth Leaders to sign any document required by the hospital authorities. I understand and agree to pay any costs, including travel, if my child needs to return home due to misbehaviour. I will inform the Diocesan Coordinators if any of the information on the form changes before the event takes place.

Signed (Parent or Guardian if under 18) _____ **Date** _____

Emergency Contact Details

Name:

Relationship:

Tel No:

Address:
