



Dear Parent/Guardian,

We are excited to say we are offering something a little bit different – we are pleased to be providing 3 different activities for young people aged 8 – 14 years of age. The activities are: Climbing wall, circus skills and Magic & balloon modelling.

The activities are free of charge and open to all and we will provide snacks and drink whilst there. The activities are all based in Chinnor and the young people will need to arrive/be collected promptly. Should the event be cancelled for any reason, we will post on our Facebook/Instagram – please follow us to keep up to date.

The consent form below must be completed for your young person to take part and be returned to admin@chinnorpc.org ASAP as Places are limited and it is first come first served. Please provide an email address so that we can confirm the booking with you. We cannot guarantee that there will be spaces available on the day if we have not received a booking form.

We look forward to having lots of fun.



CONSENT FORM

Participants Name:

Date of Birth: ____/____/____

Please tick your child's preferences below:

ACTIVITY	TIME SLOT – 1 ST CHOICE	TIME SLOT – 2 ND CHOICE
Climbing wall – please note there is a minimum height restriction of 1.2m (4ft) in height and must weigh between 19kg (3st) and 114kgs (18st).	10-11am	10-11am
	11-12pm	11-12pm
	12 – 1pm	12 – 1pm
	1 – 2pm	1 – 2pm
	2- 3pm	2 – 3pm
	3 – 4pm	3-4pm
Circus skills	10-11am	10-11am
	11-12pm	11-12pm
	12 – 1pm	12 – 1pm
	1 – 2pm	1 – 2pm
	2- 3pm	2 – 3pm
	3 – 4pm	3-4pm
Magic & balloon modelling	2 – 4pm	

Please note any health, faith, cultural or dietary needs below:

Please note any illnesses, injuries or medical requirements below:

NOTE: Please label any medication with your child's name and provide clear instructions for its use if they need to bring it for the day. If applicable, ensure that a spare, clearly labelled inhaler or EpiPen is brought to the event to be held by the first aider.



Emergency Contact

At least one to be a parent/guardian. Both to be contactable throughout the event.

Name of contact Relationship to attendee	Name of contact Relationship to attendee
Phone number	Phone Number
Email	Email
Address	Address

Consent

I give permission for my child (*named above*) to take part in the sessions detailed above and for any medication noted here to be administered (if applicable).

Name Printed.....

Date

Signature

Photo & video Consent

We would like yours and your child's permission to take photographs and videos of them during the event. These may be used in a variety of ways, including but not limited to being shared on social media and our website(s), used in future publications such as newsletters and for applications and presentations for fundraising.

The use of media is vital in us promoting our work, raising the profile of the charity, and securing new funds and maintaining continued support for our work in Chinnor.

If you and your child are happy for us to take their photos and include them in videos, please tick here.