



<u>Project information (for staff completion prior to issue to young person)</u>		
Activities:	A range of outdoor/adventure activities. For details see: <a href="https://cliffehouse.wpengine.com/">https://cliffehouse.wpengine.com/</a>	
Venue	Cliffe House	Date: 9-11 February
<b>Project Name</b>	Year 5 Residential	

<u>Young Person/Participants Details</u>			
First Name:		Last Name:	
Address:			Postcode:
			Email address:
Date of Birth:	Age:	Contact Tel;	
<i>School / College</i>	<i>Dixons Music Primary</i>	Gender: Male Female (circle)	
Ethnicity:			
Do you have any Medical conditions that we should be aware of e.g. Asthma, Diabetes, etc. (please give details overleaf if required )			
Please give details of any medication you are taking			

<u>Emergency Contact Details</u>			
Name:			
Telephone Number		Mobile:	
Email Address			
Relationship			

I \_\_\_\_\_ have read, fully understand and consent to participating the activities detailed above.

Signed \_\_\_\_\_ (Participant) Date: \_\_\_\_\_

I consent to my Son/Daughter taking part in the above activities. I give permission for any photographs taken of my child during the activities to be used for future publicity or training purposes by Kirklees Council.

If you are under 18yrs old we need a signature from a Parent/Guardian.

Signed..... (Parent/Guardian) Date .....

