

BOOKING FORM.

**Kings Park Conference Centre, Northampton
1st - 3rd February 2019**

Please complete each part and please use Block Capitals. The full cost of the weekend is £100.00 and your place will be reserved on receipt of a deposit of £30.00. Deposits are non-refundable. Transport will be available from Our Lady of Peace, Burnham to Kings Park Conference Centre via St. Martin de Porres, Luton. This is an additional cost of £10.00 per person. To reserve your place, please send in your deposit and application form asap. Cheques should be made payable to NYMO and our bank details for bank transfers (please add reference: Your name/LUX) are:-

Sort Code : 60-06-11
 Acc Number : 82636583
 Acc Name : Youth Ministry

<u>Participant Details</u>	
Name	
Address (Permanent residence)	
Tel :	Home : _____ Mobile : _____
Email	
Parents Email	
Date of Birth	Gender & Age : _____
School Year	Parish : _____
School	
<i>Data Protection - Your personal details given will be stored and used by NYMO for the purposes of running and administering LUX. Because relevant information will be shared with Kings Park Conference Centre, your specific consent is needed. They will not otherwise be disclosed outside NYMO. Details of how we process your data, and your rights, are on the full Privacy Notice which is on the Diocesan/NYMO website.</i>	
<u>Transportation</u>	
Please book me a place on the coach at an additional cost of £10.00 from :	
Burnham	<input type="checkbox"/>
Luton	<input type="checkbox"/>
<u>Medical Information and Special Needs</u>	
Any condition for which you are taking prescribed medication? (please give details of the medication)	
Any allergies (to medicine/food)	
Any other medical information which it would help us to know? Please be sure to detail any ongoing investigations or concerns.	
Please note any special needs :	
Name, Address and Tel No. of your GP	

Dietary Information

Any dietary requirements (e.g. vegetarian, gluten free, no fish etc)

Parent/Guardian Details

Name : _____

Tel : Home : _____ Work : _____

Mobile : _____

Relationship to young person : _____

Alternative Contact :- _____

Name : _____

Tel : Home : _____ Work : _____

Mobile : _____

Relationship to young person : _____

Parent/Guardian Consent

I, the parent/guardian, give permission for _____ to take part in the activity mentioned above.

I confirm that he/she is in good health, does/does not suffer from diabetes, and does/does not suffer from epilepsy (delete where appropriate).

- I agree to his/her participation in the activities outlined on the attached information sheet, and will arrange appropriate transport to and from the venue
- I understand that group/activity photographs may be taken during the event, in line with the Diocesan policy. I give my consent to this and their use in fulfilling the aims of RC Diocese of Northampton.
- I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of the expectation to behave in accordance with the enclosed Code of Conduct.
- I will inform the activity organisers if he/she comes into contact with any infectious diseases up to 4 weeks before the activity.
- I understand that in the event of an illness or accident every effort will be made by the event leader or their assistants to contact me.
- If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed : _____

Date : _____

Data Consent (young person to sign if over 12 years old)

I consent to my details in this booking form being used and shared* :

Signed : _____

Dated : _____

Data Consent (parent/guardian to sign if young person under 12 years old)

I consent to details in this booking form being used and shared* :

Parent/Guardian Signed : _____

Dated : _____

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Keep in Touch

We would like to keep in touch with you after LUX and inform you of similar events likely to be of interest. If you are willing to be contacted, please tick **one or more** of the method-of-contact boxes below, and sign your name.

E-mail Text Phone Post

Signed : _____

Print Name : _____

If you have any questions about the application process then please email info@nyo.org