

St Albans

SLEEP OUT

Registration form - Individual

Friday 8th November 2024

Please complete this form and hand in to the registration areas on the night

PERSONAL INFORMATION

Full Name :

Age (please circle):

Under 18

Over 18

Date of Birth :

 / /

Address:

(If you are under
18, address of
parent/legal
guardian)

Phone Number:

Emergency
contact:

If you are under 12, name of accompanying
parent/guardian:

School/ Club/ Organisation/ Other:

Medical conditions/needs (if under 18 please see below):

MEDICAL INFORMATION AND CONSENT if under 18 years

Please state:

- a) any medical condition and treatment required;
- b) known allergies to food/substances/drugs/medication

- I give permission for my Son/Daughter to attend the sleepout which is being held at Oakland College, St Albans.
- I undertake to inform the sleepout committee or group leader if the young person named above or any member of their family, or other person with whom they have had close contact, is known to have or contracts any infectious disease.
- If, during the course of the sleepout, it becomes necessary for the young person named above to receive medical treatment, including the use of anesthetics, and I cannot be contacted, I authorise the group leader to sign the documentation required by medical authorities.
- I give permission for any photos taken at the event of my son/daughter to be used for marketing and publicity purposes.

Signature of Parent/Guardian:

Name (please print):

Date:

PHOTO CONSENT if over 18 years

I give permission for any photos taken of me at the event to be used for marketing and publicity purposes.

Signature:

Name (please print):

Date:

It is most important that the sleepout committee should know of any medical conditions which may require treatment and/or which may affect participation in the event. Medical insurance does not include cover in the event of illness if participants are attending the sleepout contrary to medical advice and are not in good health.