

DORES FCC YOUTH CONFERENCE - BOOKING FORM

Parents, please complete one form for each child attending.
Completed forms should be scanned/photographed and returned asap to:

Rev. Davide Ratti (mainland and Skye) davideratti@fccontinuing.org

Mr. Alan Mackenzie (Western Isles) info@heblife.scot

NAME	
DOB	
HOME ADDRESS	
PARENTAL EMAIL ADDR.	
EMERGENCY CONTACT	
LANDLINE - MOBILE	
ALLERGIES	
EDUCATIONAL NEEDS (Please specify)	
G.P. ADDRESS	

Please note that in the event of illness or accident, every effort will be made to contact parents ASAP.

In the event of illness or accident, I give permission for necessary first aid treatment to be given. In an emergency, and if I can't be contacted, I give consent for my child to receive hospital treatment, including the use of anaesthetic if necessary.

Signature of Parent

Please note that photographs are normally taken at the youth conference as a record of the different activities undertaken.

I give consent for my child to be in photographs which may later be included in a conference report online and in paper publications.

Signature of Parent

DATE ... / ... / ...