

Consent Form

Name of Rockley Adventure Centre: _____

Proposed Date of Trip: From: _____ To: _____

Please complete the form and return it to _____ (teacher organising trip) as soon as possible and no later than _____.

PUPIL'S DETAILS

Surname: _____ Forename: _____ Male/Female

DOB: _____ Age: _____ Home Tel: _____ Nationality: _____

Address: _____

Postcode: _____

CONTACT DETAILS

Name of parent / guardian: _____

Daytime tel: _____ Evening tel: _____ Mobile: _____

Name of other contact: _____ Relation: _____

Daytime tel: _____ Evening tel: _____ Mobile: _____

Consent to Participation

I wish the above named participant to be allowed to take part in the above named trip and consent to him/her taking part in all activities. I have ensured that my son/daughter is willing to participate in all aspects of the trip. In the event of an emergency and the School or Rockley Adventure being unable to contact me, I give permission for any medical treatment deemed necessary to ensure the well being of the above named to take place.

Payment Schedule

I enclose £50.00 as 1st deposit payment for the trip. I agree to pay the second deposit of £60.00 by 1st February 2010 and the balance by 2 months before the date of departure.

Cancellation

I understand that deposits and monies paid are non-refundable, unless the reason for cancellation is covered by the insurance policy.

Terms and Conditions

I have read and agree to the Terms and Conditions for the above trip.

Parent/Guardian signature: _____ Date _____

Behaviour and Conduct

I have read, together with the above named participant and we agree to the Behaviour and Conduct guidelines for the above trip and understand the consequences of breaching these guidelines.

Pupil signature: _____ Parent/Guardian signature: _____ Date _____