

Dear Parent/Guardian,

As part of the DofE programme the participants are expected to fundraise to cover the costs of the equipment, camp fees, assessor courses and licence fee. Any left over money can be spent on celebrating DofE.

We have some money left over for use and the activities are below. Please indicate which of the activities the participant would wish to be in:

NAME					
Date	Activity	Included	Extra Costs	Cost for absence	Please indicate Y/N for this activity
Wednesday 9th October Approx 8:30pm – 9:30pm	Frankie & Bennies Meal Lichfield	£2.99 Drink	2 courses £10.99 3 courses £13.49	£2.99	
Sunday 20th October Approx 4pm – 6pm	Magazone Laser tag Derby	£12.95, 2games, pizza, chips, soft drink	Transport Food Drinks	£12.95	
Wednesday 23th October Approx 3:30pm – 7pm	DVD and Dominos night	DVD to watch Portion of Dominos, cup of pop	Bring your own nibbles and drink	£5	

Please sign to acknowledge that any activity booked for the participant, and are subsequently missed, will need to be paid for and that you have read and understood any extra costs of the activities which the participant may wish to make. Failure to attend and pay the costs will lead to a delay in the signing off of their DofE Award.

We need to book this by next Wednesday, so please return forms to Mr Arkesden no later than 3pm on **Monday 30th September**.

Participant name _____

Signed (Parent/Guardian) _____ Print Name _____

NETHER STOWE CONSENT FOR DofE 2018-19. Frankie & Bennies

1. Medical details. I/my son/daughter/child in my care has the following medical or special needs.

.....
I understand that for residential visits I must complete and return a medical form, with up to date details, not more than fourteen days before the visit.

2. Dietary details. I/my son/daughter/child in my care has the following dietary needs.

.....

3. Insurance. I understand the limits of insurance provided for this visit.

4. Transport. I understand the transport arrangements for this visit (***will involve travelling in other people's or staff cars***) and my child understands the need to wear a seatbelt.

5. Return to Home. I will attend to collect my son/daughter or my son/daughter will be returning home by.....

6. Photographs. Photographs taken on the visit may be used in county promotional information. Please answer Yes or No. (***This may be omitted where a parental declaration regarding use of photographs has already been obtained.***)

I wish to attend* OR I agree to my son/daughter attending* the visit (or series of visits) detailed above and understand the risks involved and the detail regarding supervision, I also acknowledge that to be included I/he/she* will need to maintain responsible behaviour.

* Please delete underlined sections, as appropriate

Name of participant/son/daughter (please print)

Signed.....Name (Please print) Date.....

(Person with Parental Responsibility/Self-consent if aged 18, or older)

Name of parent/emergency contact during visit (please print)

Home Address.....

Contact telephone numbers (must be at least 1 mobile)

Home: Work: Mobile:

If not available please contact: Name

Address.....

Telephone Number/s.....

NETHER STOWE CONSENT FOR DofE 2018-19. MegaZone Derby

7. Medical details. I/my son/daughter/child in my care has the following medical or special needs.

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I understand that for residential visits I must complete and return a medical form, with up to date details, not more than fourteen days before the visit.

8. Dietary details. I/my son/daughter/child in my care has the following dietary needs.

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