



robes.admin@robes.org.uk
Tel: 020 7407 5623

Sponsored SleepOut

Friday 26th November 2021 at Southwark Cathedral

Young People (aged 12-18) Booking and Consent Form

PART 1 Details of the responsible adult accompanying the young person

Title: _____ Date of Birth: _____ Occupation: _____

Full Name: _____

Address: _____

_____ Postcode: _____

Home Tel: _____ Mobile: _____

Email: _____ Relationship: _____

PART 2 About the young person taking part

Title: _____ Date of Birth: _____ Age in November 2021: _____

Occupation: _____

Full Name: _____

Address: _____

_____ Postcode: _____

Home Tel: _____ Mobile: _____

Email: _____ Relationship: _____

 @RobesSleepout  facebook.com/robesproject/

 JustGiving justgiving.com/campaign/RobesSleepOut2021

Charity Registration Number: 1174060

www.robes.org.uk

PART 3 Emergency Contact Details for the young person named above

Please provide us with the details of two people who can be contacted in an emergency

1.

Title: _____ Relationship: _____

Full Name: _____

Address: _____

_____ Postcode: _____

Home Tel: _____ Work Tel: _____

Mobile: _____ Email: _____

2.

Title: _____ Relationship: _____

Full Name: _____

Address: _____

_____ Postcode: _____

Home Tel: _____ Work Tel: _____

Mobile: _____ Email: _____

PART 4 Medical Information for the young person named above

If under 18 to be filled in by parent/guardian

Do you/does your child have any known medical conditions or allergies that could affect participation in the event?

Yes
No

Please specify: _____

Are you / is your child currently receiving medical treatment or taking medication?

Yes
No

Please specify: _____

Is assistance required in taking the above medication?

Yes
No

Please specify: _____

Can pain relief medication be given if necessary?

Yes
No

Please specify: _____

Do you / does your child have mental health difficulties or history of such difficulties?

Yes
No

Please specify: _____

PART 5 Consents

Please provide us with the details of two people who can be contacted in an emergency

Parental Consent

I consent to _____ (names child) be entrusted to the care of _____
(named adult) for the duration of the SleepOut, who will act in loco parentis.

Signed: _____ Date: _____

Media Consent

I consent to photos / videos / sound recordings / live footage my child being used for internal and external publicity purposes or for the use by the broadcast and print media

Signed: _____ Date: _____

PART 6 Agreement

To be signed by participant and countersigned by parent/guardian if under 18

I wish to take part in the sleep out and agree to:

- a) Inform the organisers of any changes _____
- b) Follow instructions from the organisers
- c) Act responsibly during the sleep out, including sleeping in the emergency provision instead of sleeping out if necessary.
- d) I agree to entrust my care to my guardian
- e) Hand in my donations at agreed dates

Signed: _____ Date: _____

I agree to my child taking part in this event and will help them keep this agreement countersigned parent/guardian

_____ Date: _____

Please complete this form bring it with you on the day of the Sleep Out.