



Easter Weekend 2010
 Thursday 1st - Monday 5th April, God willing
 Beacon Community College, East Sussex

‘Free to be slaves’

Booking form (school year 9 plus)

We’re running nine activity groups for you to choose from. Please select your top four:

Art Making a mess creatively in the art studio!	Biking Bring your own bike to ride or walk local trails	Newspaper Generating news and views for our quality daily	News at 10 Generating news and views for the News at 10	Music Calling all musicians: instrument & voice!
Photography Creation of fun, vivid and meaningful images.	Sport A wide range of various energetic and otherwise sporting pursuits	Coverscreens... Creativity, needlework, conversation etc.	Heart: Soul: Strength Raise your heart beat, feed your soul and take time out to find that inner strength. Yoga and Smoothies included.	

Name:		Age:	
Address:	Phone:		
	Email:		
	Youth group / ecclesia:		
	Baptised: YES / NO		
Dietary requirements:		Medical conditions we need to know about:	
First aider: YES / NO			
Are you prepared to play the piano: YES / NO		Please bring a musical instrument if you have one and let us know which one:	
Activity groups			
1 st choice:	2 nd choice:	3 rd choice:	4 th choice:
Any friend(s) you’d like to be in the same activity group as:			

COST: £50.00

Please post the attached booking form and cheque (payable to ‘Laser cyg’) and if under 18 your medical consent form to: **Jo Hayles, Chapel Cottage, Yelsted, Sittingbourne, Kent ME9 7UT**

PLEASE NOTE. We have been over-subscribed for the last 3 years, so please return your booking form AND cheque promptly in order to reserve a place. 60 places (50%) will be reserved for young people from the ‘Laser’ area, but other than that it is strictly on a ‘first come, first served’ basis.

PLEASE ALSO NOTE that you are not booked in until you have paid.

For further information:

The Laser CYG committee, lasercyg@googlemail.com, www.christadelphians.org.uk/laser
Jon and Rachel Otter(Ealing), mobile: 07970 111151, jon_the_otter@hotmail.com



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MEDICAL INFORMATION AND CONSENT FORM

Parents or those with parental responsibility for anyone under 18 should complete this. All information given will be kept strictly confidential.

Full name of child:

Date of birth:

1. Does your child suffer from any condition requiring regular treatment? **YES/ NO**

If **yes**, please give details:

2. Does your child suffer from any recurring illness? **YES/ NO**

If **yes**, please give details:

3. Is your child allergic or sensitive to penicillin or any substances that might be used in treatment? **YES/ NO**

If **yes**, please give details:

4. Has your child had any serious medical condition during the past few years which we should know about? **YES/ NO**

If **yes**, please give details:



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5. Has your child been immunised against tetanus? **YES/ NO**

If **yes**, when was the last booster injection given?

6. Child's own doctor:

Name:

Address:

Telephone:

DECLARATION

In the event of any emergency,

a. I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by medical authorities present.

b. I may be contacted by telephoning the following numbers (applicable to the period of the Easter Weekend):

Home	Work	Mobile
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c. An alternative person to contact is:

Name	Telephone
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d. My home address is:

Address

Signed (Parent/ Carer)	Date
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Name of Parent/ Carer (please print)