**PROJECT 58:7 (CHURCHES TOGETHER IN BASILDON)**

**SPONSORED SLEEP-OUT/IN**

**REGISTRATION FORM & UNDER 18s PARENTAL CONSENT FORM**

**Friday 29th /Saturday 30th November 201 10pm – 8am inc. breakfast**

**In the grounds of Trinity Methodist Church, Clay Hill Rd/Bardfield, Basildon SS16 4NN**

# WE NEED YOUR SUPPORT FOR THE 10th SLEEP-OUT IN BASILDON TO HELP THOSE IN NEED

# *Please complete this Registration Form and, if applicable, the under 18s Parental Consent Form*

# *to hand in at the Church on the night*

***\*\*NB You must not participate against medical advice or if you are not in good health\*\****

|  |  |
| --- | --- |
| YOUR NAME (caps) |  |
| ADDRESS (Caps)  (if applicable) |  |
| EMAIL ADDRESS FOR FUTURE  CONTACT RE. SLEEP-OUT |  |
| NAME OF YOUR CHURCH  (if applicable) |  |
| YOUR TEL NO. |  |
| TEL NO. FOR NEXT OF KIN,  PARENT OR GUARDIAN FOR  EMERGENCY CONTACT ONLY | RELATIONSHIP TO YOU |
| ANY SPONSORSHIP MONEY  PROMISED? IF SO, HOW MUCH  APPROX? | When all money collected in, we will need your sponsorship  form with full address & postcode of each Gift Aid donor, in order to process the claim |
| PLEASE CIRCLE WHICH APPLIES | 18 OR OVER UNDER 18 |
| MEDICAL CONDITIONS OR  NEEDS |  | |
| FOR UNDER 18s, TREATMENT  REQ’D & KNOWN ALLERGIES |  | |

PARENT/GUARDIAN: I give my permission for my son/daughter to attend the sponsored Sleep-out to be held at Trinity Methodist Church, Clay Hill Rd/Bardfield, Basildon. I undertake to inform the Sleep-out Committee if the young person named above or any member of their family, or other person with whom they have close contact, is known to have or contracts any infectious disease.

If, during the course of the Sleep-out, it becomes necessary for the young person named above to receive emergency medical treatment, including the use of anaesthetics, and I cannot be contacted, I authorize (please PRINT NAME clearly)…………………………………………. ……………. to sign the documentation required by the medical authorities.

Signature of Parent/Guardian: ………………………………………………………….

NAME (please print) …………………………………………………………………….