

## 1. Child's details

Surname	First name	Preferred name
<hr/>		
Date of birth	Age at start of Venture:	
<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female (We use this to plan dorm groups. Do contact the Leaders of the School Venture if you have any questions on this.)		
<hr/>		
Address		
<hr/>		
<hr/>		
Postcode		
<hr/>		
Name of school		
<hr/>		
Have you attended a School Venture, Venture or Falcon before?		
<hr/>		

## 2. Your School Venture's name and dates

Name
<hr/>
Dates
<hr/>

## 3. Child's signature

I would like to book on the School Venture as indicated. If my booking is accepted I agree that there will be a contract between CPAS and my parent or guardian according to the full terms of contract. These terms are available at [www.ventures.org.uk](http://www.ventures.org.uk) or on request from the School Ventures office. I understand that there will be Christian teaching on the School Venture. I will co-operate with the leaders at all times.

Signature	Date
<hr/>	<hr/>

## 4. Next of kin contact details

Title	First name	Surname
<hr/>	<hr/>	<hr/>
Address		
<hr/>		
<hr/>		
Postcode		
<hr/>		
Mobile	Email	
<hr/>	<hr/>	

## 5. Activity Permission

The School Venture will include some outdoor activities for which we require your consent. Activities will be supervised and run by suitably qualified leaders, within the provision of the Adventure Activities Licensing Authority (AALA) where appropriate. We have not finalised which activities we will offer at your School Venture, but please indicate below any activities you **would** or **would not** give permission for your child to take part in:

Archery	<input type="checkbox"/> YES <input type="checkbox"/> NO	Climbing/abseiling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Canoeing/kayaking/watersports	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bushcraft	<input type="checkbox"/> YES <input type="checkbox"/> NO	Nightline/tunnels	<input type="checkbox"/> YES <input type="checkbox"/> NO	Swimming in a pool	<input type="checkbox"/> YES <input type="checkbox"/> NO
High/low ropes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Zipwire	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**DISCLAIMER** participation in outdoor activities carries inherent risks and danger. CPAS will not be held liable for any loss, damage or injury sustained by person or persons not paying due attention to the appointed instructors' safety briefing and subsequent instructions.

## 6. Health and other information Please continue on a separate sheet if necessary.

- Are they vegetarian? ..... ☐ YES ☐ NO
- Do they have any other special dietary requirements (including food allergies/intolerances)? ..... ☐ YES ☐ NO  
(Please give further details if the answer is YES)  

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- Please indicate your consent for a responsible leader to dispense plasters and common over-the-counter medicines (such as paracetamol, Waspeze, antihistamine medication (e.g. Piriton tablets), hydrocortisone cream) to them with due diligence and when appropriate..... ☐ YES ☐ NO

## 6. Health and other information (continued)

4. Can they swim at least 10 metres unaided? ..... ☐ YES ☐ NO
5. Is there any reason why they should not swim or take part in other sports? ..... ☐ YES ☐ NO
6. Do they currently have, or have a history of,
- Kidney disease ..... ☐ YES ☐ NO
- Heart/blood disorders ..... ☐ YES ☐ NO
- Epilepsy/faints/neurological disorders ..... ☐ YES ☐ NO
- Diabetes ..... ☐ YES ☐ NO
- Asthma/hayfever/lung disease ..... ☐ YES ☐ NO
- Anxiety when away from home ..... ☐ YES ☐ NO
- Additional support at home and/or when in education for specific needs? (e.g. access/physical/learning/emotional support requirements) .... ☐ YES ☐ NO
7. Do they have any allergies? (e.g. plasters, food, medications, bites and stings) ..... ☐ YES ☐ NO
8. Do they take any regular medication? (e.g. prescribed, over-the-counter, skin preparations, homeopathic) ..... ☐ YES ☐ NO
9. Do they use inhalers for asthma? ..... ☐ YES on a regular basis ☐ YES only when needed ☐ NO
10. Have they suffered any injuries in the last 2 years? ..... ☐ YES ☐ NO
11. Do they have any other physical conditions? ..... ☐ YES ☐ NO

Please give details of any other information, not covered above, that would be helpful for the School Venture leader to know about (e.g. recent bereavement).

**You must include all information which could be relevant to our care of your child while on School Venture.**

We ask these questions so that we can consider what support may be needed during the School Venture. **Please give further details on a separate sheet if required.**

12. Please mention any info related to your child's emotional or learning needs, mental health and/or behaviour that would help us provide the best care (e.g. currently under social services or receiving support in school or through another agency, recent trauma, self-harm, bedwetting, hyperactivity, attention deficit disorder etc. and also any helpful coping mechanisms)

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## 7. Declaration Parent / Carer / Guardian \* Please indicate as appropriate

I give consent for this child to take part in the Venture. If the booking is accepted, I agree that there will be a contract between CPAS and me according to the full terms of contract. These terms are available at [www.ventures.org.uk](http://www.ventures.org.uk) or on request from the School Ventures Office. In the event of the Leader of the Venture being unable to contact me, I give consent for the child to undergo dental/medical treatment should the need arise, and I authorise the Leader of the Venture (or his/her nominee) to sign on my behalf. I confirm that all information on this form is correct.

CPAS Ventures may take photographs or videos during the holiday for publicity purposes. These images may appear in our printed publications, promotional materials, advertising, on our website or on social media.

Please indicate your consent for this below:

- ☐ I give my consent for this child to appear in these images ☐ I do not give my consent for this child to appear in these images

If you have any concern about this, please contact the School Ventures Office. You can change your mind at any point by contacting either the Ventures and Falcons Office or the Leader of the Venture.

Parent / Carer / Guardian's signature

Name Date

## 8. Do you attend a local church or youth group? Leave this section blank if it's not applicable.

Full name of church

Town

We'll use the details you provide for the purposes of managing your child's attendance on this holiday and we'll keep a copy for our records. CPAS will store your information securely to enable us to contact you in accordance with our privacy policy. We would also like to send you occasional information by email relating to the ministry of Venture and Falcon holidays and the wider work of CPAS, which may include fundraising appeals (if over 18) and information on resources and events which we think you may be interested in. Please let us know if you would be happy to receive this.

Email: ☐ Yes ☐ No

We would also like to send you occasional information by post about CPAS, Ventures and Falcons resources, events and fundraising activities (if over 18) which we think you may be interested in. If you do not wish to receive this, please tick the box below to opt out. ☐ No thank you

CPAS will store your information securely to enable us to contact you in accordance with our privacy policy (<https://www.ventures.org.uk/privacy-and-cookies>). We will never sell your information to other organisations. If you would like to update your preferences or stop receiving information about CPAS and/or Venture and Falcon holidays, please contact [supporter.relations@cpas.org.uk](mailto:supporter.relations@cpas.org.uk). Church Pastoral Aid Society Registered charity no 1008720 (England and Wales). A company limited by guarantee. Registered in England no 2673220. Registered office: Sovereign Court One (Unit 3), Sir William Lyons Road, Coventry, CV4 7EZ. N.B. Bookings Contacts are volunteers and may not be available during office hours. Further copies of this booking form are available from the Ventures website at [www.ventures.org.uk](http://www.ventures.org.uk) or from the Bookings Contact.