

Dearest Delta-ite!

Well here it is, the great unveiling of the first Delta social...so come on down, bring a friend and join us for the ...



We'll meet at the church car park at **6.30pm on Friday 30<sup>th</sup> September** and then we'll drive out to Lakeside Superbowl in Preston for a fun filled evening of...bowling! En route we'll call in for some food at McDonalds! We'll aim to be back at the **church car park by 9.45pm for your folks to pick you up.**

You will need £5.00 for 2 games of bowling and enough money to buy your snack or milkshake from McDonalds.

Please make sure the **Activity Consent Form** is completed by your parent/carer and then return it to a Delta Leader **no later than Wednesday 28 September** (that way we can arrange lifts etc.)

So come on everyone, come to the Bowling Bash – bring your friends! **Strike** these details into your diary and come for **double** fun. So don't be a **turkey** left with **spare** time on Friday 30<sup>th</sup> September get signed up and come along!

Love

Delta Leaders

PS. If you have any questions or queries in the meantime then do get in touch with any of us and we'll help where we can!

**Parent / Carer Activity Consent Form**

*Please complete this form and return to a Delta Leader by 28/09/2011 (both sides)*

**ACTIVITY:** DELTA BOWLING BASH

**DATE OF ACTIVITY:** Friday 30 September 2011

**VENUE:** Travelling to Lakeside Superbowl 50 Greenbank Street, Preston, LANCASHIRE PR1 7PH (tel 01772 555 080 via McDonalds, Riversway

**TRANSPORT ARRANGEMENTS:** Transport will be provided to and from Preston by responsible leaders in their cars, travelling in convoy.

**COST:** £5.00 for 2 games of bowling and enough money to buy a snack or milkshake from McDonalds.

**START TIME:** 6.30pm at the Church Hall Car Park **END TIME:** 9.45pm at the Church Hall Car Park

**DETAILS OF CHILD**

Full Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

**PARENT / CARER CONTACT DETAILS**

I may be contacted on the following numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Alternative contact** name and contact number (Grandparent etc. or other holding parental responsibility):  
\_\_\_\_\_

I have / haven't completed a **Delta Annual Registration / Consent Form** (delete as appropriate)

- If you haven't please download one from the Delta section of [www.standrewsleyland.org.uk/youth](http://www.standrewsleyland.org.uk/youth) **and bring a completed form with you**

Does your child have any special dietary requirements (e.g. allergies or vegetarian preferences etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE COVER**

I understand that the group is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of the visit. I also understand that any extension of insurance cover is my responsibility.

**DECLARATION**

I give permission for my son / daughter / ward to go on the Delta Social 'Bowling Bash' on Friday 30th September 2011.

I understand

- transport to and from Preston will be with responsible leaders in their cars.
- it is my responsibility to get my child to the church car park at 6.30pm and collect them from the church car park at 9.45pm.
- my child will be under the care of the leaders and will abide by the rules and guidelines laid down by the leaders of the activity/visit.
- if my child's behaviour during the visit/ activity is unacceptable I may have to collect my child
- if my child is unwell during the visit/ activity I may have to collect my child
- that whilst those in charge of the party will take all reasonable care, they cannot necessarily be held responsible for an injury, loss or damage suffered during the visit/ activity
- that in the event of an emergency, every effort will be made to obtain my consent to any medical/surgical/dental treatment and/or administration of anesthetic/ blood transfusion
- that if these efforts prove unsuccessful, the leader(s) in charge of the visit/activity will then use their best endeavors to contact the parent/guardian or other person listed as emergency contact.
- I am aware of the levels of insurance cover.

In case of illness or accident I authorise...

1. The leader of the activity to sign on my behalf any written form of consent required by medical authorities if a delay in obtaining my signature is considered inadvisable or unnecessary by a doctor.
2. The leader to supervise and administer prescribed and non-prescribed medication

Signature of Parent / Carer \_\_\_\_\_

Date \_\_\_\_\_