

# SCHOOL VENTURES BOOKING FORM

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Please use **BLOCK CAPITALS**

\*Please indicate as appropriate

School Ventures

## 1. Personal details

Surname	First name	Known as, if different
<hr/>		
Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age at start of Venture: <input type="text"/> <input type="text"/> years <input type="text"/> <input type="text"/> months	<input type="checkbox"/> Male <input type="checkbox"/> Female*
<hr/>		
Address		Postcode
<hr/>		<hr/>
Telephone	Mobile	Email
<hr/>	<hr/>	<hr/>
Name of school		
<hr/>		
Have you attended a School Venture, Venture or Falcon before?		
<hr/>		

We use photographs and video taken during a School Venture in our CPAS publicity and marketing materials. They will be stored securely, and we will delete them after they are no longer needed for publicity purposes. We would also like to share them with the Schools taking part on your School Venture, and the Diocese that your school is part of so that they can also use them in their communications and publicity. If you would like to see your images or would like us to delete them, please contact the School Venture office via [schoolventures@cpas.org.uk](mailto:schoolventures@cpas.org.uk)

☐ Please tick here if you would prefer for your child not to be photographed.

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

Name
<hr/>
Dates
<hr/>

## 3. Person attending the School Venture'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		Postcode
<hr/>		<hr/>
Telephone	Mobile	Email
<hr/>	<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		
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.

PLEASE TURN OVER FOR REMAINDER OF FORM >

Please return this form to your school office unless otherwise instructed.

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

Can they swim at least 10 metres unaided?..... ☐ YES ☐ NO

I give consent for them to participate in swimming in a swimming pool on the School Venture..... ☐ YES ☐ NO

Are they vegetarian?..... ☐ YES ☐ NO

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

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

1. Is there any reason why they should not swim or take part in other sports?..... ☐ YES ☐ NO

2. 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

3. 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)

4. Do they have any other physical conditions?..... ☐ YES ☐ NO

5. Do they have any allergies? (e.g. plasters, food, medications, bites and stings)..... ☐ YES ☐ NO

6. Do they take any regular medication? (e.g. prescribed, over-the-counter, skin preparations, homeopathic)..... ☐ YES ☐ NO

7. Do they use inhalers for asthma? ..... ☐ YES on a regular basis ☐ YES only when needed ☐ NO

8. Have they suffered any injuries in the last 2 years?..... ☐ 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.**

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

I give consent for this child to take part in the School 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 School Venture leader being unable to contact me, I give consent for this child to undergo dental/medical treatment should the need arise, and I authorise the Overall Leader (or their nominee) to sign on my behalf.

I confirm that all information on this form is correct.

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

County

Leader's name

Title

Address

Postcode

Telephone

Email

We'll use the details you provide for the purposes of managing your attendance on this holiday and we'll keep a copy for our records. We'd also like to send you occasional information about future holidays and other CPAS products and events we think you might be interested in. If you'd prefer not to receive this, please tick here. ☐  
You can find out more about how we look after your data in our Privacy Policy on our website [www.ventures.org.uk](http://www.ventures.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.