



PART 1

About You

Full Name _____	Title _____	Date of Birth _____
Address _____ _____	Occupation _____	Age in July 2011 _____
_____	Home tel _____	Passport number _____
_____	Work tel _____	EU Health Card Number _____
Postcode _____	Email _____	
How did you hear about trip? _____	Date of last visit to Taizé _____	No. of previous visits to Taizé _____

PART 2

Emergency contact details

*Please provide us with the details of two people
who can be contacted in an emergency*

1 Full Name _____	Title _____	Home tel _____
Address _____ _____	Relationship _____	Work tel _____
_____		mobile _____
	Email _____	
<hr/>		
2 Full Name _____	Title _____	Home tel _____
Address _____ _____	Relationship _____	Work tel _____
_____		mobile _____
	Email _____	

PART 3

Accommodation

please read the information leaflet carefully

Bringing own tent Sharing tent with Would like to borrow tent

Dormitory tent

Dormitory room

The two options on the left are only available to over 18's.
Dormitory tents and rooms are allocated later than the allocation of pitching sites.
This could result in accommodation being provided away from the group.
Accommodation in rooms cannot be guaranteed.

PART 4 Medical Information *if under 18 to be filled in by parent/guardian*

Do you/does your child have any known medical conditions that could affect participation in the trip?	yes no	please specify	
Are you / is your child currently receiving medical treatment or taking medication?	yes no	please specify	
Is assistance required in taking the above medication?	yes no	please specify	
Can pain relief medication be given if necessary?	yes no	please specify	
Do you / does your child have mental health difficulties or history of such difficulties?	yes no	please specify	
Do you / does your child have any allergies (food, medication etc.)	yes no	please specify	
Do you / does your child have any special dietary requirements	yes no	please specify	
When was your / your child's last tetanus injection		please specify	

Name of Doctor _____ Surgery Address _____ tel _____

PART 5 Consents *if under 18 to be filled in by parent/guardian.*

Parental Consent for Emergency Treatment I consent to my child receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present

signed _____ date _____

I consent to **delete as appropriate**

photos	videos	sound recordings	live footage	of myself / my child being used for internal publicity purposes
photos	videos	sound recordings	live footage	of myself/my child being used for external publicity purposes
photos	videos	sound recordings	live footage	of myself / my child being used by the broadcast and print media

signed _____ date _____

PART 6 Agreement *to be signed by participant and countersigned by parent/guardian if under 18*

I wish to take part in this trip and agree to	a) Inform the organisers of any changes	b) make payments at agreed dates	c) act responsibly during the trip	d) follow instructions from the organisers	e) respect the life of the Taizé community
signed participant	_____			date	_____
I agree to my child taking part in this trip and will help them keep this agreement					
countersigned parent/guardian	_____			date	_____