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| **HCCV** | **Parental Consent Form** |
| **Season:**  | **Dates:** from to |
| **Full Name:**  | **Gender: Male / Female** |
| **Home address:** | **Date of Birth:** |
|  | **Contact Tel:** |
| **Post code:** | **E-Mail:** |
| **Please note any disabilities, medical conditions or special requirements:** |
| **Please give details of any previous experience relevant to this activity:** |
| **DECLARATION BY PARTICIPANT** |
| I wish to participate in the above volunteering work and agree to obey by the rules and instructions given to me by members of HCCV. Signed: ……………………………………….. (Participant) Date …………………………………. |
| **DECLARATION BY PARENT / GUARDIAN** (for applicants under 18 years of age) |
| I understand the requirements of this activity and ………………………… (name of applicant) has my permission to attend the above season’s work. Signed ……………………………….……….. (Parent Guardian ) Date …………………………………. |
| **NEXT OF KIN** |
| **Name:****Address:****Home telephone: Mobile:****Relationship:** |
| **Where did you hear about us?** (Please circle) |
| Word of Mouth, Walking Past, School or organization, Internet Search, Other (Please State) |

**From time to time we take photographs and film of the sessions we run. These may be used in promotional literature and on our website. If you do not agree to allow this to be done please tick here**

**TERMS AND CONDITIONS**

HCCV will not be held liable for any loss or damage to participant’s personal belongings.