

BOOMERANG OFF SITE ACTIVITIES PERMISSION FORM Jan to April 2009.

I give my permission for (Child's name) to attend off site activities with BOOMERANG for **only the events that I have ticked below**:
Please note: Activities not ticked will mean that your child cannot attend them.

Activity/Location (Please tick accordingly)	Date	Time	Additional cost
<input type="checkbox"/> Bowling	Friday 25 th Jan	<u>7pm – 8:15pm</u>	£3
<input type="checkbox"/> Chip Survey	Friday 6 th March	<u>7pm – 830pm</u>	£0
<input type="checkbox"/> Laser / hullabaloo	Friday 13 th March	6:15 @ Church	£10

Please note. This is an additional activity to the Boomerang programme. Please make a note of additional cost and change of time before signing up for this activity.

Please see provided envelope for option of paying now or later for activities with additional costs.

Contact Phone number: _____

Mobile Number: _____

I give permission for emergency medical treatment to be carried out in the event that I cannot be contacted.

I understand that the Leaders will take all reasonable care in the running of the group but I acknowledge the possibility that my child may for a short time be out of sight of a Leader during a BOOMERANG activity I understand that personal accident insurance is my responsibility and that the leaders cannot be held responsible for any loss, damage or injury suffered by my child while at BOOMERANG.

..... (Signature of parent/guardian)

..... (Name of parent/guardian)

<p>Any Child who has not filled out and handed in a permission form will not be able to attend the above off site activities.</p>
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