

Under 16 SouthWest LANs “LAN Event” information and consent form

Your Son/Daughter has requested to attend an event organised by South West LANs. As they are under 16 it is required that we ask you to fill in this form and provide it with the attendee upon arriving at the LAN. If this form is not present then they will be refused entry.

This form provides you with information on the LAN as well. It is recommended that you keep a copy.

LAN name: LeachLAN 3
LAN date: 21st August 09:00 – 23rd August 18:00. 2009
LAN address: The Westwoods Centre, Basset Road, Northleach, Glos. GL54 3QJ
LAN contact: Richard Shirley (Event Manager)
Lee Perry (Event Manager)
Event Phone: 07974 897349 Westwoods Centre: 01451 861499

Participant Name: -----
Date of Birth: -----
Home Address: -----

Primary Contact Name: -----
Primary Contact Number: -----
Alternative Contact Name: -----
Alternative Contact Number: -----

Please provide details on any important medical conditions the attendee has:

Is your son/daughter on any medication? Please detail below:

Family Doctors Name & Address

Phone Number: -----

Notes

- SouthWest LANs do not provide direct supervision for any attendees at the event, and so recommend that young people under the age of 16 do not attend the events alone, but bring along a friend or relative.
- Food and Drink is not supplied by SouthWest LANs though snacks can be bought on site, so please make suitable arrangements. Shops and Takeaways are within walking distance from the venue.
- The event is held indoors and attendees will be expected to provide their own tents and sleeping equipment.
- SouthWest LANs accepts no responsibility for any possessions brought into the event.
- There will be alcohol available for purchase at the venue, and the licensee will be ensuring that nobody under the age of 18 can purchase any. Any alcohol found on an under 18 will be confiscated. They may be removed from the event and the authorities may be informed.

By signing this consent form, I agree to allow my child to attend the SouthWest LANs event and agree to allow staff to make any emergency medical decisions on my behalf, including transfer to hospital if necessary.

There are qualified first aid personnel at the event; these will be made known to all of the participants.

Parent/Guardian name (Please Print): -----

Date: -----

Signature: -----

Please bring this form signed with your son/daughter to the event

If you wish to discuss the event with us, please email us at info@swlans.co.uk we can then arrange a time to talk it with you.