



## Diocese of Middlesbrough

Please return this **5 Page Form** along with a non-refundable **deposit of £150, 2 Passport Photos, a photocopy of the picture page of your Passport and a photocopy of your EHIC** to:  
**WYD 2011, Youth Office, 50a The Avenue, Middlesbrough. TS5 6QT**

<b>Personal Information</b>		
Surname (as on passport)	Forename(s) (as on passport)	
Address	Post Code	
	Date of Birth	Age at time of Pilgrimage (you must be 16 at the time of travel)
	Phone No.	
	Mobile No.	
<b>Email</b> We will be using email as our primary way of contacting you before the pilgrimage so please give us an address that you check regularly!		
<b>Please tell us a bit more about yourself</b>		
Parish	School / University / College / Job (delete as appropriate and give details)	
Interests and Gifts (eg. sports, musical instruments, drama, art, IT etc)		
Have you been on pilgrimage with the Diocese before? If yes, please give details		
<b>T Shirt Size (Please Circle)</b>  S            M            L            XL	Please give the names of up to two people you would like to be in a group with	

# Medical Form

<b>Name</b>	<b>Address</b>
<b>Date of Birth</b>	

## National Health Service Number

**Medical Information** Please answer the following questions as fully as possible. In the unlikely event that you require emergency treatment, it will help the medical authorities in deciding the most appropriate treatment to give. Any information you give will be treated in the strictest confidence and only shared with Pilgrimage Medical Officials. If necessary please continue on an additional sheet.

Do you have any medical conditions or disabilities?

Do you have any known allergies?

Do you have any regular medication or medical treatment? (Name, Dosage, Purpose)

When did you have your last anti-tetanus injection?

Do you have any specific dietary requirements?

Is there any other information you feel the event organisers should be aware of?

**Emergency Contacts** Please give the name, address and phone number of **two** people who can be contacted in an emergency and state their relationship to you.

Name: Relationship: Address:  Phone No(s):	Name: Relationship: Address:  Phone No(s):
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## Doctor's Details

Name of Doctor	Name and Address of Surgery
Telephone Number	

# Photography Policy

## Use of Photographs by the Diocese of Middlesbrough Youth Service

I understand and consent to the fact that during Diocesan Youth Events, photos and videos of the young people may be taken which may be used for posters, the website and the diocesan newspaper. These images will only be used for these purposes and in an educational context for reminding young people of these activities and experiences and promoting future events. I understand that any young person or leader who does not want their photo to be taken or to be used in any of the ways described above is free to make this clear in writing to the Youth Service staff who will comply with their wishes.

**Name** \_\_\_\_\_

I have read and consent to the Photography policy as detailed above. I recognise that this form covers all events that I/my child may attend now and in the future. I understand that it is my responsibility to inform the Youth Service in writing if I do not want (my child) to be photographed and if my opinion should change in the future.

Signed (You) \_\_\_\_\_ Date \_\_\_\_\_

**and**

Signed (Parent or Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

## Passport Information

Please send a photocopy of the photo page of your passport along with this form

Nationality	Passport Number
Is this a 10-year UK Passport?	Expiry Date

## Payment Schedule

- Please ensure your payment has been received by the given date
- The total cost is still to be finalised but will be in the region of £1200
- Please note the amount that would be owed should a pilgrim withdraw at the respective withdrawal periods
- A receipt will be sent after all payment have been received unless a SAE is received with each payment

INSTALMENT	DATE DUE	AMOUNT DUE	WITHDRAWAL PERIOD	AMOUNT OWED (Inclusive of payments already made)
Deposit Due	Monday 1 <sup>st</sup> February 2010	£150.00	2 <sup>nd</sup> Feb – 21 <sup>th</sup> April '10	£150.00
2 <sup>nd</sup> Instalment	Monday 12 <sup>th</sup> April 2010	£200.00	12 <sup>th</sup> April – 13 <sup>th</sup> June '10	£300.00
3 <sup>rd</sup> Instalment	Monday 14 <sup>th</sup> June 2010	£200.00	15 <sup>th</sup> Jun '10 – 10 <sup>th</sup> Oct '10	£550.00
4 <sup>th</sup> Instalment	Monday 11 <sup>th</sup> October 2010	£200.00	12 <sup>th</sup> Oct '10 – 9 <sup>th</sup> Jan '11	£750.00
5 <sup>th</sup> Instalment	Monday 10 <sup>th</sup> January 2011	£200.00	9 <sup>th</sup> Jan '11- 13 <sup>th</sup> Mar '11	£950.00
Final Balance	Monday 14 <sup>th</sup> March 2011	Remaining amount TBC	25 <sup>th</sup> Mar - 31 <sup>st</sup> July '11	£1050.00
			1 <sup>st</sup> Aug – 10 <sup>th</sup> Aug '11	£1200.00

## References Please provide **two** references who support your application.

Please ensure that you ask the appropriate people as detailed below and get them to sign and date.

Name:	Name:
Relationship: (delete as appropriate) Head Teacher / Teacher / Tutor / Manager	Relationship: (delete as appropriate) Parish Priest / Deacon / Chaplain
Contact Phone No:	Contact Phone No:

I recommend that the named applicant be accepted as part of the Youth Service Pilgrimage to Madrid for World Youth Day 2011.

Signed	Date	Signed	Date
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## Pilgrims' Commitment

Please read the following carefully and ensure you are happy to agree to:

- Attend **all compulsory** preparatory meetings or training
- Follow the payment schedule outlined below and have paid in full before the Pilgrimage
- Participate fully in the events of the pilgrimage
- Behave at all times in an appropriate manner

I understand that should I be deemed to be in breach of the above commitment before departing for Madrid, I may forfeit my place on the Pilgrimage. Should this happen during the trip and I have to be sent home for unacceptable behaviour, I understand that I will be expected to pay my own fare and any appropriate costs incurred by the youth service.

**Consent** Please read the following carefully and then sign and date below to show that you understand the commitment you are making and your willingness to take part. Please ask your parent or guardian to fill in the final part.

I have read and understand the Payment Schedule as detailed above and agree to keep the Pilgrims' Commitment to the best of my ability. I confirm that the information given on this form is accurate and correct to the best of my knowledge.

Signed (young person)

Date

I (name of parent/guardian) \_\_\_\_\_ give permission for my child to attend this event. I have read and understand the commitment that my child has made and I agree to assist them in any appropriate way to enable them to keep this commitment. If it becomes necessary for my child to receive medical treatment and I cannot be contacted, I give my general consent to any necessary treatment and authorise the Middlesbrough Diocesan Youth Coordinators to sign any document required by the hospital authorities. I understand and agree to pay any costs, including travel, if my child needs to return home due to misbehaviour. I will inform the Diocesan Coordinators if any of the information on the form changes before the event takes place.

Signed

Relationship to Young Person

Date