

The Green Team 2018: GREEN VOLUNTEERS Booking Form

FOR OFFICE USE ONLY:

| | | | |
|------------|----------------|---------------|--------------|
| On d/base: | Payment rec'd: | E-conf. sent: | On register: |
|------------|----------------|---------------|--------------|

YOU CAN ALSO BOOK ONLINE AT [HTTPS://GREENVOLUNTEERS.EVENTBRITE.CO.UK](https://greenvolunteers.eventbrite.co.uk)

Sunday Programme

Enclose £12 for each day with this form, cheques payable to The Green Team

- Jan 21st Glenlude, Innerleithen
- Feb 4th Eddleston Water
- Feb 25th Muiravonside Country Park
- Mar 11th Linlithgow Loch
- Mar 25th Penicuik Estate
- Apr 29th Hopetoun House
- May 13th Yellowcraig
- May 27th Pentland Hills
- Jun 10th Capielaw Woods
- Aug 26th Penicuik Estate
- Sep 2nd Blackness Castle
- Sep 23rd Longniddry Bents
- Oct 7th Bavelaw Marsh, Pentland Hills
- Oct 28th Lord Ancrum's Wood
- Nov 4th Levenhall Links
- Nov 11th Glenlude, Innerleithen
- Nov 25th Eddleston Water
- Dec 2nd Water of Leith

Residential Programmes

Enclose £30 per project with this form, cheques payable to The Green Team

- March 17th-18th Green Team Wildwood, Glenlude
- Sept 29th-30th Barnside Farm, Abbey St Bathans

YOUR DETAILS

Name

Address

..... Postcode

Tel no.

Mobile no.

Do you have a regular e-mail address: YES / NO

Regular email:

Date of birth

EMERGENCY CONTACT DETAILS

Name of contact:

Relationship to participant:

Emergency tel nos:

Surgery/Doctor's name and address:

Tel no:

DUKE OF EDINBURGH AWARD DETAILS (IF APPLICABLE):

Volunteering Section or Skill Section

What level? Bronze / Silver / Gold. Group / School

E DofE number

1. Do you suffer from:

a. Any allergies Yes / No

If yes, give details

b. Travel sickness? Yes / No

2. Are you taking medication at present or do you suffer from any conditions requiring medical treatment? Yes / No

If yes, give details

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3. Have you received a tetanus injection in the last 5 years? Yes / No
Please give date of last tetanus injection if known

4. Give full details of any illness, injury or condition that might affect your participation.
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5. If required, do you consent to the following being administered?:

- a. Paracetamol for pain relief? Yes / No
- b. Suncream for protection from the sun? Any brand not permitted? Yes / No
- c. Antihistamine? Any brand not permitted? Yes / No

6. Do you have any Additional Support Needs which might affect your participation Yes / No
If yes, give details

Do you have any special dietary requirements? Yes / No
If yes, give details

It is normal practice to take photographs / video for promotional and funding/evaluation purposes. Must be ticked by Parent or Guardian if participant is under 18.

PLEASE NOTE THAT ANY CHANGE IN MEDICAL CONDITIONS OR MEDICATION MUST BE NOTIFIED TO US AS SOON AS POSSIBLE.

PARENTAL AGREEMENT TO EXCURSION AND TO EMERGENCY MEDICAL TREATMENT (THIS MUST BE SIGNED BY PARENT OR GUARDIAN IF THE PARTICIPANT IS UNDER 18)

I agree to the participant taking part in this excursion. I agree to my child receiving emergency dental, medical or surgical treatment **INCLUDING BLOOD TRANSFUSION**/anaesthetic, as considered necessary by the medical authorities present.

Date Signed by parent or guardian

Parents or guardians with objections to the administration of blood products should contact the Green Team before completing this form.

Please print and return this form with your payment to:

Kate Hedges, The Green Team

Tynecastle High School, McLeod Street EDINBURGH EH11 2ND

Tel: 0131 337 7227

e-mail: kate@greenteam.org.uk

www.greenteam.org.uk

WE AIM TO CONFIRM ALL BOOKINGS BY EMAIL WITHIN 10 DAYS OF RECEIPT.

For Office Use Only: Notes