**Outreach Activity Confirmation Form**

**Dear Parents/Guardians,**

We are excited to inform you that we have received funding from the Police SWAP fund for an upcoming outreach activity organised by the NYCC to take 20 young people (juniors youth club 8-12 years old) to Chester Zoo. We have also been donated a minibus for the day trip. Please fill out the following form to confirm their attendance and provide us with essential details.

**Participant's Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Activity:** Monday, 18th August 2025

**Pick-Up Time:** 8.30 AM from NYCC
**Return Time:** 4:00 PM from NYCC

**Please confirm the following:**

1. **My child will bring their own lunch:**
☐ Yes
☐ No
2. **My child will wear suitable clothing for the weather:**
☐ Yes
☐ No

**Emergency Contact Information:**

* **Name of Parent/Guardian:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Email Address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Volunteers:**

We are also seeking parent volunteers to assist with the trip. If you are available and willing to help, please let us know:

* ☐ Yes, I am interested in volunteering.
* ☐ No, thank you.

If you are volunteering, please provide your name and contact number:

* **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Phone Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent:**

I, the undersigned, confirm that I am the parent/guardian of the participant named above and give my permission for my child to participate in the outreach activity. I understand that the trip is free of charge, and there are limited places available (20 total). I acknowledge that if we do not book early, we may miss the opportunity for my child to participate.

**Signature of Parent/Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your cooperation! We look forward to a fun and enriching experience for your child.

**Please let us know about any medical concerns that we need to be aware of and any allergies.**

**For any questions or concerns, please contact Anna Burton 07768693972**

Feel free to customize this form further according to your preferences or specific requirements!