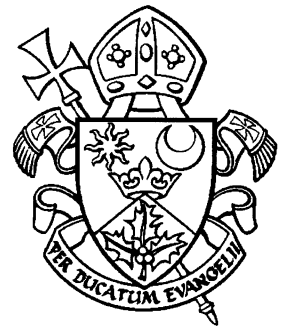




# Diocese of Portsmouth Walk the World

**Sunday 28<sup>th</sup> August 2010**  
**Immaculate Conception Church,**  
**Bells Lane, Stubbington PO14 2PL**  
**9.30am**



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parish/Pastoral Area: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Alternative Contact \_\_\_\_\_

Phone number: \_\_\_\_\_ Mobile: \_\_\_\_\_

Health (Please tell us of any allergies, or if s/he suffers from any ailments and any medication eg inhalers or insulin)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent**

- I agree to my son/daughter \_\_\_\_\_ taking part in Walk the World Sponsored Walk on Sunday 28<sup>th</sup> August 2010.
- I acknowledge the need for my son/daughter to behave responsibly and will ensure that he/she is aware of the expectation to behave responsibly and in accordance with the Code of Conduct for the event.

**Photos and images**

I understand that group activity photographs may be taken during the event, in line with the Church's policy.

I agree to my son/daughter \_\_\_\_\_ having their photograph taken at the Sponsored Walk and I understand that these images may be published in Portsmouth People, on the Diocesan websites and by CAFOD Portsmouth. I agree to the images being published.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Declaration**

In the event of an illness or accident every effort will be made by the organisers of the Sponsored Walk to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Full name \_\_\_\_\_  
(please print)