

Ripon YMCA Sleep Easy 2020 - Participant Form and Declaration

Please complete all blue sections in advance of the event and send to lucy@riponymca.org by the 20th of March.

If you are filling in this form electronically you will be asked to sign the declaration below when you register at the event.

Title:		Date of Birth:	
Full name:			
Address:			
Postcode:			
Telephone No:		Mobile No:	
Email:			
Emergency Contact 1	Name		
	Phone number and Address:		
Emergency Contact 2:	Name		
	Phone number and Address:		
<p>Please read all the information in the Sleep Easy Event Briefing and declare any relevant information about yourself. You are taking part in this event on a voluntary basis. We require you to take responsibility for your own health and safety and that of others, as is reasonable. For example, if you are worried about the behaviour of another participant you must tell the staff or stewards.</p>			
<p>Please declare any information relevant to the organisers and group leaders. This information will remain confidential and will only be used to assess risk at this event.</p>			
Health issues or concerns			

Medication required during event period			
What kit do you intend to sleep in / on			
How much fundraising have you done?			
Is there anything we need to know about you?		What's your target?	
Food preferences / allergies	E.g., vegetarian, don't have caffeine etc.		
Photos	<p>Do you agree to your photo being taken and used for Sleep Easy promotion and social media? Yes / No</p> <p>Do you agree to your photo being used for future YMCA Publicity? Yes / No</p>		
<p>Welfare Checks: We will check on you during the night at 11pm, 1am and 4am. We need to check that you are warm, dry and comfortable. This may include waking you up to see if you are ok. We want to make you aware that this may happen.</p>			
Declaration:	<p>By signing this agreement, you agree to take part in the Sleep Easy Event on the 28th of March and abide by the rules and terms described above and in the Event Briefing.</p> <p>You have declared any relevant information for the staff and stewards and answered questions about your health and kit to the best of your knowledge. You agree that you are taking part in the event as a volunteer for Ripon YMCA.</p>		
Name:			
Signature:			
Date:			