

**SHETLAND ISLANDS COUNCIL – YOUTH SERVICES  
PROJECT INFORMATION SHEET**

**This sheet should be retained for your information and the attached consent form completed and returned.**

1. **Organisation** Youth Services
2. Project Details: Olympic Torch Relay
  - 2.1
 

Departure Date: 10/06/12	Time: <b>0915</b>	Place: <b>Unst Youth Centre</b>
Departure Date: 10/06/12	Time: <b>1010</b>	Place: <b>Mid Yell Junction</b>
Departure Date: 10/06/12	Time: <b>1050</b>	Place: <b>Mossbank Hall</b>
Departure Date: 10/06/12	Time: <b>1105</b>	Place: <b>Brae Youth Centre</b>
Departure Date: 10/06/12	Time: <b>1110</b>	Place: <b>Voe Hall</b>
Departure Date: 10/06/12	Time: <b>1100</b>	Place: <b>Walls</b>
Departure Date: 10/06/12	Time: <b>1115</b>	Place: <b>Bixter</b>
Departure Date: 10/06/12	Time: <b>1130</b>	Place: <b>Whitnass Hall</b>
Departure Date: 10/06/12	Time: <b>1130</b>	Place: <b>Tingwall Hall</b>
Departure Date: 10/06/12	Time: <b>1140</b>	Place: <b>Scalloway Youth Centre</b>
Departure Date: 10/06/12	Time: <b>1030</b>	Place: <b>Symbister Ferry Terminal</b>
Departure Date: 10/06/12	Time: <b>1130</b>	Place: <b>Sandwick Youth Centre</b>

2.2 Details of any hazardous activities: N/A

2.3 Additional Information: **£5.00**

2.4 You will need to bring: Monies for any food/soft drink and other items

### 3. CONTACTS

3.1 Leader with responsibility for project. This person may be contacted for more details.

Name: Lesley Gray, Martin Summers, Sheriene Rennie, Leanne Moss and Wendy Lowe  
 Position: Youth Development Worker  
 Address: Youth Service, Islesburgh Complex, King Harald Street, Lerwick, Shetland  
 Telephone No: 01595 74 3894

3.2 Local Emergency Contact:

In the event of an emergency this person holds all information about the project.

Name: Islesburgh Reception  
 Address: Islesburgh Complex, King Harald Street, Lerwick, Shetland  
 Telephone No: 01595 74 3894

### 4. Consent Forms

Participation in the project is dependant on completion of the consent form. The attached consent form must be completed by **Friday 1<sup>st</sup> June 2012** to either of the following venues:

Baltasound School / North Isles Community Office / Mossbank Youth Club / Brae Youth Centre  
 Sandwick Youth Centre / Whitedale Youth Club / Tingwall Youth Club / Scalloway Youth Centre / Livister Youth Centre

**SHETLAND ISLANDS COUNCIL - YOUTH SERVICES**  
**CONSENT FORM**

ORGANISATION: Youth Services

1. Name of Participant \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F  
 Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_

2. Project Details:

2.1	Departure Date: 10/06/12	<b>Time: 0915</b>	<b>Place: Unst Youth Centre</b>
	Departure Date: 10/06/12	<b>Time: 1010</b>	<b>Place: Mid Yell Junction</b>
	Departure Date: 10/06/12	<b>Time: 1050</b>	<b>Place: Mossbank Hall</b>
	Departure Date: 10/06/12	<b>Time: 1105</b>	<b>Place: Brae Youth Centre</b>
	Departure Date: 10/06/12	<b>Time: 1110</b>	<b>Place: Voe Hall</b>
	Departure Date: 10/06/12	<b>Time: 1100</b>	<b>Place: Walls</b>
	Departure Date: 10/06/12	<b>Time: 1115</b>	<b>Place: Bixter</b>
	Departure Date: 10/06/12	<b>Time: 1130</b>	<b>Place: Whitnesh Hall</b>
	Departure Date: 10/06/12	<b>Time: 1130</b>	<b>Place: Tingwall Hall</b>
	Departure Date: 10/06/12	<b>Time: 1140</b>	<b>Place: Scalloway Youth Centre</b>
	Departure Date: 10/06/12	<b>Time: 1030</b>	<b>Place: Livister Youth Centre</b>
	Departure Date: 10/06/12	<b>Time: 1130</b>	<b>Place: Sandwick Youth Centre</b>

**Please circle appropriate departure location:**

**Unst Youth Centre / Mid Yell Hall / Mossbank Hall / Brae Youth Centre / Voe Hall**

**Walls Hall – Bixter Hall / Whitnesh School / Tingwall Hall / Scalloway Youth Centre**

**Livister Youth Centre**

**Sandwick Youth Centre**

3. MEDICAL INFORMATION:

- Do you suffer from any condition requiring medical treatment/medication? YES/NO : If yes give brief details.

\_\_\_\_\_

- If you require that medicines be held and administered by leaders, please give brief details:

\_\_\_\_\_

- Have you been in contact with any infectious diseases in the last 4 weeks? YES/NO: If yes give details:

\_\_\_\_\_

- Are you allergic to any medication? YES/NO? If yes please specify: \_\_\_\_\_

- Have you received a tetanus injection in the last 5 years? YES/NO

4. EMERGENCY CONTACT:

Name \_\_\_\_\_ Daytime Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Work Tel.: \_\_\_\_\_

If not available please contact:

Name: \_\_\_\_\_ Daytime Tel: \_\_\_\_\_

Address: \_\_\_\_\_ Work Tel: \_\_\_\_\_

Doctor: \_\_\_\_\_ Tel: \_\_\_\_\_

## 5. DECLARATION

- If aged under 16 years this declaration must be completed by a parent or guardian. Those aged 16 years and over can complete the declaration themselves.
- I agree to my son/daughter taking part in this project and having read the information sheet, agree to participation in any or all of the activities described. I acknowledge the need for obedience and responsible behaviour.
- I agree to my son/daughter receiving emergency treatment, including anaesthetic, as considered necessary by the medical authorities present.
- I undertake to inform the co-coordinator/leader of any changes in the medical circumstances between the date signed and commencement of the journey.
- I understand the extent and limitation of the insurance cover period.
- In the case of water sports, I am able to swim at least 50 metres.

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

Name: Please Print \_\_\_\_\_ parent/guardian/participant.

A copy must be taken by the leader of the activity. A copy must be left with contact person/organisation.