

Christchurch Activities for Young People

Somerford Youth and Community Centre

Find us on Facebook Tel: 07785935928



SOMERFORD YOUTH AND COMMUNITY CENTRE, BINGHAM ROAD, CHRISTCHURCH, BH23 3AH

PROGRAMME OF ACTIVITIES FOR YOUNG PEOPLE ACROSS CHRISTCHURCH AND SURROUNDING AREA Programme co-ordinator: Jae Harris

October Half Term 2018 - Monday 22nd October to Friday 26th October 2018

Monday 22 nd	Tuesday 23 rd	Wednesday 24 th	Thursday 25 th	Friday 26 th
Youth Club activities and	Splashdown and Bowling	Ice Skating, Gosport	Family day trip to London	Thorpe Park FRIGHT NIGHT
Oxygen Trampoline centre	Ages 8 +	Ages 8+	7.30am – 9pm	Ages 12+
Ages 8+	9.30am – 4.30pm	10am – 5pm	Meet outside Somerford Youth and	7.30am – Midnight
Drop off and collect at Somerford Youth Club	Meet outside Somerford Youth and Community Centre, Bingham Road.	Meet outside Somerford Youth and Community	Community Centre, Bingham Road.	Meet outside Somerford Youth and Community Centre, Bingham Road.
10am – 4pm	Swimming gear, packed lunch and refreshments	Centre, Bingham Road. Packed lunch and money for refreshments or to buy	This day is yours. We provide the transport –	Packed lunch, tea and refreshment money or money
Packed lunch required.	required or money to purchase KFC.	lunch required	you do the rest. Drop off outside Natural History Museum and	to purchase food required.
			London Eye. Pick up 6.30pm London Eye.	
£15	£15	£15	£8.00 per person	PLEASE NOTE PLACES ARE LIMITED AND A £10 DEPOSIT IS REQUIRED TO SECURE A PLACE

Please complete the consent form on the back page and tick the appropriate activity stating how many spaces required (adult and child for the family days) and return it to the address above. Separate forms are required per child, but one consent form covers all activities. Bookings are strictly taken on a first come first serve basis.

Payment can be made by cheque (payable to CAYP) or bank transfer - please contact us for bank details.

Unfortunately, we are unable to issue any refunds for activities if you cancel within 48 hours of the activity taking place. If you require any further advice or information, please contact us.

PLEASE NOTE: It is the parent/carers responsibility to arrange for their child/young person to get to and from the activities or the stated meeting points. Lunch, snacks or refreshments are NOT provided, and it is the parent/carers responsibility to ensure that their child/young person brings with them any drinks, snacks or lunches they may need for the activity sessions. Also please ensure that all young people are adequately dressed for the activity which they are participating in.

All CAYP volunteers have received Safeguarding training, appropriate First Aid training and have all gone through an enhanced DBS (CRB) check to ensure their appropriateness in working with children and vulnerable people.

Liabilities. CAYP can only be held liable for damage, loss or injury if it can be shown that an employee, servant or agent has been negligent by act or omission and that this was the cause of the said damage, loss or injury.

CAYP rely on partner organisations including schools in order to assist in the distribution of publicity material. These partners are not responsible or liable for any of the actions, activities and events put on by CAYP, this rests with CAYP alone.

Consent Form

Name of young person:			Date of birth.		Age			
Address:								
	Telephone Number							
School attending:		ир						
Name and relationship to t	he young person of emergen	cy contact						
EMERGENCY CONTACT NI	JMBER							
Name and telephone numb	er of doctor:							
Are there any medical or h	sen activities?	/ES / ND						
If yes, please give details								
Is the young person currently on any medication? YES / NO								
For water activities: Is th		YES/NO						
Do you give permission for	1	YES / NO						
Can we add your details to	s?	YES / NO						
Email address:								
FOR THE FAMILY DAY OUT: The lead adult has responsibility for the children they are bringing with them on the trip. There is a maximum allocation of 5 people per party of which one MUST be a responsible adult.								
Each group must fill out the details below of each individual in their party. Please indicate the lead adult.								
Name								
Age / Date of Birth								
Emergency contact number								
Signed:	(Parent/Carer)	Date	Please print name					
enclose £payment for the ticked activities. (Please make cheques payable to 'CAYP') Please return payment and ticked consent form to:								

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