

**CHESTERFEST SUMMER CELEBRATION YOUTH DELEGATE APPLICATION
MONDAY 20 – FRIDAY 24 JULY 2009**

(You must at least be in year 7 to apply & 12 years of age before 31st August 2009)



Chesterfest
The world's first never-ending festival

Please complete and return to: **Chesterfest, The Light Project, Abbey House, Abbey Green, Chester, CH1 2JH** with a cheque made payable to 'Chesterfest'.

Contact: office@chesterfest.org.uk www.chesterfest.org.uk t: 01244 401935 m: 07958 102441

Cost £55. For families with more than one child £55 for first child and £45 for each subsequent child.

This covers 5 days of activities which include CAKE (Community Acts of Kindness Experience) Projects, 2 T-shirts, YFRIDAY leading worship, ticket to YFRIDAY & Cyba-X concert and evening activities.

Please send your application to us as by 1st June 2008 (now extended – please return ASAP)

Surname		First names ..and any other name you are known by if different	
Date of birth		Age (on 20/07/09)	
Address			
Postcode			
Applicant's home phone		Name of high school you attend	
Applicant's mobile			
A contact email address			
Name of parent/guardian			
Address of parent/guardian (if different from above)			
Parent/guardian's home phone		Parent guardian's mobile or emergency number	
Name of church/youth club if applicable		Name of youth leader if applicable	
Name of doctor	Name of surgery		Phone number of doctor

Information & Health

You must provide us with this information. To be completed by Parent/Guardian.

Please give full information about your son/daughter's health. It would be helpful for us to know, for example, does he/she have any special needs, is having regular injections or medication, receiving other medical attention or has recently received medical attention? Please use separate sheet if required:

Does he/she suffer from any allergies? If so please state: _____

Does he/she require a special diet? (e.g. vegetarian, gluten-free etc.) If so please state: _____

If he/she needs pain relief medication, will you allow it to be given under adult supervision?

Paracetamol YES NO Ibuprofen YES NO

How long ago did he/she have a tetanus injection? 3 years 5 years 10 years Never

Was the primary course and booster tetanus completed? YES NO

Has he/she had a Meningitis C injection? YES NO

In an emergency, and if I am not contactable, I am willing for my son/daughter to receive hospital treatment including an anesthetic (the Chesterfest leader would always make every effort to contact you in the first instance).

I certify that my son/daughter is not receiving medical attention or taking prescribed drugs (other than already stated) and is physically fit and able to take part in all the activities. If any illness occurs after having sent in this form, please give written details to your son/daughter to bring with them at the start of the activities.

Name of Parent/Guardian _____

Signed _____ Parent/Guardian. Date _____

/	/09	No		
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FOR OFFICE USE ONLY

T-shirts

At the beginning of the week you will be given 2 Chesterfest T-shirts
Please circle your T-shirt size: XSmall (30") Small (32"-34") Medium (36"-38") Large (40"-42") XLarge (44"-46") XXLLarge (48+)



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Permission

For Parent/Guardian to complete:

I give permission for _____ to take part in all Chesterfest activities from 20 – 24 July 2009 and to travel in Chesterfest transport where appropriate.

I give permission for the above named to make their own way to and from the evening activities yes no

I give permission for him/her to be photographed and/or filmed during the course of the activities he/she is part of. (Please talk to us if you have any concerns)

Name of Parent/Guardian _____

Signed _____ Parent/Guardian. Date _____

For Youth Delegate to complete:

I agree to abide by the rules set out by Chesterfest and their Leaders

Youth Delegate Name _____

Signed _____ Youth Delegate. Date _____

Payment enclosed: Cheque made payable to Chesterfest for £55 for first child and £45 for each subsequent Child. Amount enclosed £_____ (cash can be taken only if delivered by hand)

Outline Schedule

- You will be sent a detailed schedule at the beginning of July
- **Monday 20th July arrive and register 9.30 a.m.**
 - **Tuesday, Wednesday, Thursday & Friday a later start of 10 a.m.**
 - **Day time activities end 5.30 p.m. to go home for an evening meal**
 - **Evening activities will run between 7.30 - 9.30 p.m.**
(Chesterfest will not be providing transport to and from evening activities)
 - **Friday 24th July 7.30 p.m. Cyba-X and YFRIDAY**



www.cyba-x.com



www.myspace.com/cybadrummer

www.yfriday.co.uk

CAKE Teams (Community Acts of Kindness Experience)

What is most important to you? Fill in ONE section, either A OR B below

A. PROJECT. Rank your choice in order 1-3, 1 being your first choice. We will allocate projects on a 'first come, first served' basis and place you based on your project choice.

TEAM	Your choice graded 1 – 3
SERVANT - hands on practical work improving urban areas/green spaces/allotments/ housing	
KIDS - short-term children's holiday clubs: crazy games, art, music, bible teaching, discuss, pray	
STREET - street performance, music, drama, talking about your faith, prayer, giving away gifts	

OR

B. FRIEND. Pick ONE friend you would like to be on a team with. We will place you in a project based on your friendship choice.

Friend's full name: _____

Once choices have been submitted they cannot be changed

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/ /09	No

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You must tell us on a separate sheet if there is any reason why you should not work with children, young people or vulnerable adults