|  |  |
| --- | --- |
| Date of Voyage  |   |
| Voyage Ref. no. |  |
| **TRAINEE PERSONAL DETAILS** |
| Title |  | Surname |  | Forenames |  |
| Address |  |
| Tel. Home |  | Mobile |
| Passport no: | Nationality: | Valid until: |
| Email |  | Date of Birth |  |
| **PARENT/GUARDIAN** (who will not be on board with you) |
| Name |  | Relationship |  |
| Address |  |
| Tel. Home: | Email: | Mobile: |
| **DIETARY REQUIREMENTS:** |
| Vegetarian ❑ | Vegan ❑ | Gluten free ❑ | Dairy Free ❑ Other : |
| Food allergies : |
| **COST OF TRIP**

|  |  |
| --- | --- |
| **25% Deposit due by** |  |
| **Balance due**  |  |

* BACS Cooperative Bank, sort code 08-92-50 A/C 68363200
 |
| **1. Permission**As a custodial parent/guardian of the above named trainee I have given her/him my permission to participate on the above voyage. **2. Risk**I further recognise that there are inherent risks involved in crewing aboard a tall ship, travel and associated activities and I am willing to accept responsibility for those risks and any consequential injury and/or loss to my child's/ward’s person and property, except where caused exclusively by the negligence of The Pelican of London.**3. Medical Treatment Authorization**As the parent/guardian of the above named trainee, I authorise the appropriate medical officer, at the direction The Pelican of London to provide medical care to my child/ward while he/she is away from home and participating in the voyage if it is required. **4. Use of Photos**The Pelican of London frequently uses photos of trainees as part of social media and PR campaigns. Our child protection policy has clear guidelines around the use of photography particularly when minors are concerned. Any use of photos will be of an appropriate nature. If you have any queries concerning this please see our Child Protection Policy. I agree to the use of photography during this Youth Exchange.Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_ |
|  |
| **NOTE 1:** | **PLEASE REMEMBER TO SIGN THE TERMS AND CONDTIONS ATTACHED** |
| **NOTE 2:**  | **PLEASE COMPLETE THE ATTACHED HEALTH STATEMENT** |