

One form to be completed for each event where schools have more than one team or are made up by combining with another school or home school. Please complete a separate form for each group/event. If a school wishes to 'borrow' a player from a different school to complete a team, this may be done if approved by the ESC Office prior to the convention. Unfortunately, the ESC Office is unable to find teams for individuals or individuals for teams.

School/Home School Details

School/Home School Name

School/Home School Account No.

Event Details

Event Title

Event Code

	Full Name of Student	School Name and Account No. (if different from above)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>
12.	<input type="text"/>	<input type="text"/>
13.	<input type="text"/>	<input type="text"/>
14.	<input type="text"/>	<input type="text"/>
15.	<input type="text"/>	<input type="text"/>
16.	<input type="text"/>	<input type="text"/>

Please use reverse if needed.

One form to be completed for each sponsor attending. Please check the *What You Need to Know* booklet for submission dates.

Sponsor Details

Full Name

School/Home School Name

DBS No. (if sponsoring children who are not your own)

Date of Birth

Gender

M

F

Home Email

Mobile No. (For contact during ESC, including emergencies.)

Student Details

Please enter the name of each student you are sponsoring. **Note:** One sponsor may be responsible for a maximum of eight students of the same gender. Home school parents may sponsor their own children of the opposite gender. Sponsors will be allocated rooms with respective students in residential accommodation. Sponsors are also responsible for the behaviour and welfare of the students assigned to them.

	Full Name of Student	School Name and Account No. (if different from above)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>

If there are any special circumstances regarding any of the students listed above that we should be aware of, please make a note of these on the reverse side of this form.

Declaration

I have read the European Student Convention Sponsor's Handbook as well as the General section of the Student Convention Guidelines and will abide by and support all guidelines, including the dress code. Furthermore, I will ensure that our students follow the rules at all times. I also take responsibility for the appropriate supervision of students with interest to their safety at all times.

Signature of Sponsor

Date

One form to be completed by the parent/guardian of every participating student (regardless of age) and for every guest (under 18 years of age). Form should still be completed even if parents are attending with their child in case of emergency in their absence. Please check the *What You Need to Know* booklet for submission dates.

Student Details

Full Name

School/Home School Name

School/Home School Account No.

Date of Birth

Gender

M

F

Parent/Guardian Details

Father's Full Name

Mother's Full Name

Physical Address

Town/City

County/Province

Country If outside UK

Post Code

Home Telephone No.

Mobile No.

Permission and Declaration

As the parent/legal guardian of the above-named student, I hereby give consent and grant permission for my child to attend and participate in the events of the _____ European Student Convention to be held at _____ from _____. I understand that attendance and participation is a privilege and not a right, and may be revoked for cause at any time due to a violation of the Guidelines and at the discretion of the Convention officials.

I give my consent and grant permission for Christian Education Europe Ltd. to use without compensation my child's submitted still photography, motion picture, written work and/or art and design entry for marketing and/or promotional purposes.

Optional (please select yes/no) - applies to following paragraph only:

I also give my consent and grant permission to Christian Education Europe Ltd. to use without compensation any still photograph and/or motion pictures of my child taken at the convention for marketing, training and/or promotional purposes.

Yes

No

Signature of Parent

Relationship to student (i.e. Mother, Father, Guardian)

Date

Permission for Medical Treatment

As the parent/legal guardian of the student named on page CF6a of this form, I hereby give permission Christian Education Europe Ltd. to obtain medical treatment for the abovementioned student.

Optional (please select yes/no):

He/she may be given paracetamol. Yes No

Medicine Allergies (please specify)

Food Allergies (please specify)

Current Medicines Being Taken (please specify)

Physical Problems (please specify)

Name of Doctor

Doctor's Telephone No.

By signing this form, I understand that I am responsible for accident insurance, if needed, en route to and from the Convention, and throughout the duration of the Convention.

Signature of Parent

Relationship to student (*i.e. Mother, Father, Guardian*)

Date

Sponsor Information (if not the parent)

Name of Sponsor

Signature of Sponsor

One form to be completed by every adult attending (sponsor/judge) and by every adult guest residing on campus. Please check the *What You Need to Know* booklet for submission dates.

Personal Details

Full Name

School/Home School Name

School/Home School Account No.

Date of Birth

Gender

M

F

Physical Address

Town/City

County/Province

Country If outside UK

Post Code

Home Telephone No.

Mobile No.

Emergency Contact Person

Emergency Contact's Mobile No.

Permission for Medical Treatment

I hereby give permission Christian Education Europe Ltd. to do any acts which may be necessary to obtain medical treatment for me in case of emergency.

Optional (please select yes/no):

I may be given paracetamol.

Yes

No

Medicine Allergies (please specify)

Food Allergies (please specify)

Permission for Medical Treatment (continued)

Current Medicines Being Taken (please specify)

Physical Problems (please specify)

Name of Doctor

Doctor's Telephone No.

By signing this form, I understand that I am responsible for accident insurance, if needed, en route to and from the Convention, and throughout the duration of the Convention.

Optional (please select yes/no) - applies to following paragraph only:

I also give my consent and grant permission to Christian Education Europe Ltd. to use without compensation any still photograph and/or motion pictures of me taken at the convention for marketing, training and/or promotional purposes.

Yes

No

Name in Print

Signature

Date

One form to be completed for each school attending. This form is not required for home schools unless they are sponsoring students from another school/home school.

School/Home School Details

School/Home School Name

School/Home School Account No.

Physical Address

Town/City

County/Province

Country If outside UK

Post Code

Declaration

Child Protection Programme

Christian Education Europe Ltd. is committed to providing a safe and secure environment for all students who participate at the European Student Convention. All churches, schools, and other organisations that bring students to the European Student Convention are expected to have a proper and adequate child protection programme in place and in use for screening and protection against child abuse. All sponsors, chaperones, coaches, parents and other adults present at the European Student Convention must have been screened and approved through your organization's child protection programme, which in the UK should include obtaining DBS (formerly CRB) certificates.

By signing this document you are certifying on behalf of your church, school, or other organisation that:

- your organisation has an ongoing child protection programme in place for screening and protection against child abuse,
- such child protection programme is being enforced, and
- all sponsors, chaperones, coaches, parents, and other adults from your organisation who will be present at the European Student Convention have been screened and approved through your organisation's child protection programme.

Name in Print

Position in School

Signature

Date