

# GAUNTLET AUTO PROJECT LTD.

Registered Charity Number : 1057537

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## Consent Form 2017-18

This information on this form will be stored on the Youth Service database and the Gauntlet database.

First Name ..... Surname .....

Address .....

Post Code ..... Date of Birth .....

Contact Telephone..... Alternative Number.....

### Parents/ Guardians/ Carers - Please Read the Following Carefully.

I,.....being the Parent/ Guardian/ Carer (please indicate) of the above Young Person, give my consent for him/her to participate in the activities of the Gauntlet Auto Project. I will also allow his/her photograph to appear in Gauntlet promotional material unless I otherwise state at the bottom of this form. I understand that, whilst all activities will be carried out under supervision, the Project staff will not be held responsible for any loss, damage or injury no matter how caused.

I also give my consent for the Project staff to seek and obtain emergency treatment which may be required and sign any treatment consent form, including the administration of any anaesthetics, on my behalf providing all reasonable steps have been taken to contact me.

Tetanus Protection Yes / No

(if no or not known, we recommend protection is obtained as soon as possible)

**Please give details of any medical conditions / allergies etc.....**

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### ALL ASTHMA SUFFERS MUST CARRY INHALERS AT ACTIVITIES

Signed (Parent / Guardian/ Carer) .....Date .....

Please Note:

The project asks those responsible for the young people to be contactable during the riding or maintenance session. This helps the Gauntlet Staff, should there be any difficulties during the session, i.e. illness, injury, or severe weather change. Carers of young people from care agencies must complete a referral form. Thank you.

Please indicate your ethnic background and any special situations for our statistics

Ethnicity:				
Disabled	Deprived community	Risk of /or NEET	Risk of/or excluded	Risky behaviour
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>