

Box4Kids Nomination Form

Nominator's details

Name: _____ Relation to child: _____

Contact no: _____ Email: _____

Child's details

Name of child: _____ DOB: _____ (must be aged 8-18 for sports events & 6-18 for entertainment events.)

Address: _____

Email of parent/guardian: _____

Contact no(s) of parent/guardian: (mobile preferred) _____

Wheelchair user: (please circle) YES (not transferable) YES (transferable) NO

Details of mobility requirements: (if applicable) _____

Hospital's details

Name of hospital contact: (consultant/doctor/play specialist) _____

Hospital: _____ Contact no: (cons./dr./play sp.) _____

Email: (cons./dr./play sp.) _____

Summary of medical condition(s) and reason for nominating:

Interest(s): (please indicate all applicable)

Entertainment Equestrian/Jockey Club Family Days

Football Team: _____

Rugby

Box4Kids is a programme run by the Barrie Wells Trust (registered charity number 1131478).

With the parent/guardian's consent, personal and medical information provided on this form and pictures and videos taken at the event may be used by us to promote Box4Kids on our social media platforms, website and printed publications and may be shared with box holders, venues and the press.

Allowing us to share this information helps create more Box4Kids memories for deserving children.

Medical information and contact numbers will be shared with our hosts and venue for the purpose of child safety on the day, details will be shared with the strictest regard to the child's privacy.

You can ask for the child's details to be removed at any time from our records by emailing info@barriewellstrust.org.

By ticking the box and submitting this form you agree for the information provided to be used in the way described above without prior notice or explicit approval.

Name: _____ Date: _____

Barrie Wells Trust Citylab, 4-6 Dalton Square, Lancaster, LA1 1PP

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