



MOURNE MOUNTAIN ADVENTURE 2014 – GROUP LEADER’S NOTICE TO PARENTS / GUARDIAN

1. Your son / daughter / ward is participating in the Mourn Mountain Adventure (MMA) being held in the Mourn Mountains on 26 April 2014.
2. In Silent Valley, you can make any enquiries regarding your team’s progress by speaking to either Newry and Mourn or Down District Council staff who will be available all day at each location.
3. In the event of any incident (individual or team fall-out, medical evacuation, event cancellation etc), the MMA organisers will pass on relevant details direct to each Group Leader. You will be informed by telephone of any incident affecting your son / daughter. If you have any concerns please direct them to the Group Leader and not to the event organisers.
4. **Please note that as a safety measure, the organisers will ONLY hand over Fall Out (injury, disagreement, altercation) or casualties to the registered Group Leader and not direct to parents.**
5. We would encourage that all participants in the MMA only use their mobile phones in an emergency.
6. Parents are asked to give their contact mobile or land line telephone details to the Group Leader.
7. I agree to my child being photographed during the Mourn Mountain Adventure for promotional use by the Council.
8. Does your child suffer from any medical condition, injury, allergy (e.g. penicillin, Elastoplast) which we should be made aware of? If yes, please give details and special requirements.

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9. It is parent’s responsibility to ensure your son/daughter is physically and mentally capable of competing in the Mourn Mountain Challenge.

10. In accordance with the Data Protection Act 1998, Newry and Mourn and Down District Council will collect, use, protect and retain the information on this form in connection with all matters relating to personnel administration and policies.

11. I agree to my child taking part in the Mourn Mountain Challenge and that he/she will abide by the rules. I confirm that neither Newry and Mourn or Down District Council are under any liability in respect of any injury which my child may sustain unless as a result of negligence by the Council.

Parent/Guardian’s Full Name (Mr, Mrs, Miss, Ms) _____

Parent/Guardian’s Signature _____ Date _____

Parents Contact Number _____