

UNDER 18  
FORM

# XPRESSION

CHRISTIAN OUTREACH  
INITIATIVE

MON 17TH TO FRI 21ST AUGUST 2020

## IMPORTANT

Registration for Xpression 2020 is now open. You can sign up on **Sunday 15th March** in **Thomas Street Methodist** from **3-4PM** or **Friday 27th March** in **Seagoe Parish Centre** from **7:30-9PM**. If you want to take part in Xpression 2020 then it is vital that you attend one of these events.

However, if you are unable to attend an Xpression Sign-up for any reason, please contact a member of the committee and we will try our best to accommodate you.

Please bring this completed application form to the above meeting. The cost is £20 per person, this will help towards the cost of t-shirts and events during the week. If you would like a hoodie there is an additional cost of £20.

Unfortunately application forms cannot be accepted without being completed in full and with full payment.

If you would like to serve God in Portadown and will be 14 or older by 1st July 2020, we would love you to get involved!

OH, MAGNIFY THE LORD WITH ME,  
AND LET US EXALT HIS NAME TOGETHER!  
PSALM 34:3



For more information contact:

[www.xpressionportadown.com](http://www.xpressionportadown.com)

Find us on Facebook (Xpression Portadown)

Email: [hello@xpressionportadown.com](mailto:hello@xpressionportadown.com)

# UNDER 18 APPLICATION FORM

Participant's Name:

Date of Birth:

Parent/Guardian's Full Name:

Address:

Emergency Contact Number:

Relationship:

1:

2:

GP's Name:

Telephone Number:

Any known allergies / medical conditions / medications:

Please tick availability: ☐ M ☐ T ☐ W ☐ T ☐ F

T-shirt size (S,M,L,XL)

Hoodie £20 (Optional) ☐  
payment due at signup

Do you have any experience  
working with children and would  
you be willing to help with our  
afternoon Kids Clubs?

Yes ☐ No ☐

If 'YES' please state experience:

Please tell us the names of up to 3  
friends you would like to serve with:

## Parent's Recommendation

I confirm that the details declared are complete and correct to the best of my knowledge. In the unlikely event of an accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency, and I cannot be contacted, I am willing for my child / ward to be given hospital treatment, including an anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Yes ☐ No ☐ (please tick as appropriate)

I give permission for my child / ward's email address to be stored and used for communication regarding Xpression, its activities, as well as related activities which Xpression seeks to promote awareness of. I understand that if I submit my personal email address that I will receive copies of all email circulations.

Yes ☐ No ☐ (please tick as appropriate)

Please include a valid email address so we can contact you with relevant info:

Photographs will be taken for publicity purposes. Should you wish that your child / ward's photograph NOT be taken, please tick here: ☐

Parent / Guardian Signature:

Date:

In no more than 100 words please state why you wish to take part in Xpression

Reference (You must provide a reference in order to take part in Xpression)

Reference's name:

Church:  Position:

Contact number: