# **CODE QUEST 2019**

**SATURDAY 27TH APRIL 2019- APPLICATION FORM**

**To be completed by student:**

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| --- | --- |
| Full name (block capitals): |  |
| Date of birth: |  |
| Nationality: |  |
| School currently attending: |  |
| Year of study: |  |
| Team Name (Students may enter the competition is teams of 2 or 3) |  |
| Email address: |  |
| Contact number: |  |
| Emergency contact details (with name): |  |
| Please list any allergies, disabilities, medical requirements or special dietary requirements that we should be aware of: |  |
| Consent for photo to be taken on site for publication purposes (optional), signature is required from student and appropriate adult: | Student Signature:  Student Full Name: |
| Adult Signature:  Adult Full Name:  Relation to Student: |

By signing below I agree to the following:

* I have provided the above details to the best of my knowledge
* I agree to adhere to all Security and Health & Safety requirements whilst on-site
* I will not bring a camera or take any photos on-site
* I agree to cooperate with staff and proceed under their instructions in case of an emergency

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 Student Name (Block Capitals) Student Signature

**Please attach a scanned copy of your ID (i.e. passport, drivers licence) in your application email. If you do not have an appropriate form of ID, please ensure the school signs the below section.**

**To be completed by school:**

I hereby give consent for , aged , and nationality , to participate in the LMUK Ampthill Code Quest 2018.

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 Name (Block Capitals) Signature