BLAZE

Please complete each part using Block Capitals and return to your Group Leader.

Contact Details

Name			
Address (Permanent residence)			
Email			
Parent/Legal Guardian Email			
Date of Birth		Age	
Parish			
Name of Group Leader			

Data Protection - Your personal details given will be stored and used by NYMO and the Roman Catholic Diocese of Northampton for the purposes of running and administering BLAZE. They will not otherwise be disclosed. Details of how we process your data, and your rights, are on the full Privacy Notice which is on the Diocesan/NYMO website: https://nymo.org/privacypolicy/

Medical Information and Specific Need

Any condition for which you are taking prescribed medication? (please give details of the medication)

Any allergies (to medicine/food)?

Any other medical information which it would help the group leader to know? Please be sure to detail any ongoing investigations or concerns.

Please note any specific needs or additional information you'd like us or the NYMO team to know (e.g. accessibility need, mental health concerns, social need or otherwise):

Name, Address and Tel No. of your GP

Emergency Contact Details

Name: _____

Tel Home: _____ Work: _____

Mobile: _____

Relationship to attendee: _____

Parent/Legal Guardian Details

Name: _____

Tel Home: _____ Work: _____

Mobile: _____

Relationship to attendee: _____

Written Consent

Parent/Legal Guardian Consent for under 18s

I, the parent/legal guardian, give the following permissions for my dependent to take part in Blaze:

1. I agree to his/her participation in the day's activities

2. I understand that group/activity photographs may be taken during the event in accordance with Diocesan policies. I give my consent for this. (Please note that we would now presume that photos taken by young people will be displayed on social networks such as Facebook, Twitter etc. Please contact us if you have any concerns in relation to photographs.)

3. I acknowledge the need for him/her to behave in accordance with the NYMO Code of Conduct (available from the Confirmation group leader/Catechist).

4. I will inform NYMO if he/she comes into contact with any infectious diseases up to 4 weeks before Blaze

5. I understand that in the event of an illness or accident every effort will be made by the Group leader/Catechist or other adult leaders to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed & any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

6. If my child has any medical conditions (such as diabetes or epilepsy), allergies or other information that the Group leader should be aware of, I will give details above. (Data Protection Act 1998 – information given will be used solely for the purpose for which it was given. It will be held confidentially, updated when appropriate, & destroyed when no longer required. Please note that NYMO's adult leaders are not responsible for administering medication during the day. Please contact us if you have any concerns regarding medication)

Signed: _____

Dated: _____

Attendee Consent for those 18 and over

I give the following permissions for Blaze:

1. I understand that group/activity photographs may be taken during the event in accordance with Diocesan policies. I give my consent for this. (Please note that we would now presume that photos taken by young people will be displayed on social

networks such as Facebook, Twitter etc. Please contact us if you have any concerns in relation to photographs.)

3. I acknowledge the need to behave in accordance with the NYMO Code of Conduct (available from the Confirmation group leader/Catechist).

4. I will inform NYMO if I come into contact with any infectious diseases up to 4 weeks before Blaze

5. In the event of an emergency, I agree to receiving medication as instructed & any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

6. If I have any medical conditions (such as diabetes or epilepsy), allergies or other information that the Group leader should be aware of, I will give details above. (Data Protection Act 1998 – information given will be used solely for the purpose for which it was given. It will be held confidentially, updated when appropriate, & destroyed when no longer required. Please note that NYMO's adult leaders are not responsible for administering medication during the day. Please contact us if you have any concerns regarding medication)

Signed: _____Dated: _____

Data Consent for over 12s (young person to sign if over 12 years old)

I consent to my details in this booking form being used and shared*:

Signed: _____ Dated: _____

Parent/Legal Guardian Data Consent for under 12s

I consent to the details in this booking form being used and shared*:

Parent/Legal Guardian Signed: _____ Dated: _____

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Code of Conduct

I have read and understood the NYMO code of conduct (copy to be provided by Group Leader) and commit to uphold this code during the Blaze event. I understand that if I do not uphold this code I may be sent home.

Name of Confirmand: _____

Signed by Parent/Guardian: _____

Signed by Confirmand: _____

Date: _____

Keep in Touch

NYMO would like to keep in touch with you after BLAZE and inform you of similar events likely to be of interest. If you are willing to be contacted, please circle one or more of the contact methods below and sign your name.

E-mail Text Phone Post

Signed: _____

Print Name: _____

Version Control: V.4 – 11th September 2026 – RG

For more information on this form please contact the NYMO team at:
NYMO.admin@northamptondiocese.com

THE CATHOLIC DIOCESE OF NORTHAMPTON