 **LYMPHALETICS 2018 APPLICATION FORM**

Names of Parents/Guardians attending:

Address:

Tel No:

Email Address:

**Name of child with lymphoedema**

Age:

Size of T-shirt:

Choice of event: Swimming/Other (to be confirmed) (please delete as appropriate)

**Name of sibling attending:**

Age:

Size of T-shirt:

Choice of event: Swimming/Other (please delete as appropriate)

**Name of sibling attending:**

Age:

Size of T-shirt:

Choice of event: Swimming/Other (please delete as appropriate)

**Name of sibling attending:**

Age:

Size of T-shirt:

Choice of event: Swimming/Other (please delete as appropriate)

Do you have any dietary requirements/allergies**? Yes/No.** If yes please provide details

Do you consent to photographs being taken at the event and used for future publicity? **Yes/No**

Do you consent to sharing your email address with the other families attending the event? **Yes/No**

**Return to: Gillian Craig, 11 Arbeadie Terrace, Banchory, AB31 5TN – or email gilliancraig@nhs.net**