



**Huntington's  
Disease  
Association**



## **Three day residential for children**

The Huntington's Disease Youth Engagement Service are running a residential **near Birmingham** during the summer holidays. This residential is open to anyone aged **8-17** affected by Huntington's disease.

The event is from **Monday 10** until **Wednesday 12 August 2026** at **Bell Heath, Boundless Outdoors**.

This is a great opportunity to have some fun and meet other people who have Huntington's in their family. There is no charge for the event, all food and accommodation will be provided and travel costs can be reimbursed.

**Venue address:  
Bell Heath,  
Boundless Outdoors,  
Quantry Ln,  
Stourbridge,  
DY9 9UU**

Please complete the below **booking consent form** to reserve your place. Your place will be confirmed via email.



### What to expect

The residential will be packed with outdoor activities such as zip wires, archery and abseiling with trained instructors. The HDYES team will be creating some Huntington's specific activities for groups to work together on as a team.

### What's included?

- Accommodation
- Travel to and from the event
- Meals across the three days
- Fun outdoor activities

We would like to take some photographs on the day. If you consent to us doing this, please fill in the attached **publicity consent form**.

### For more information, please contact:

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**Project Officer**

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**Team Leader**

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# Booking and consent form



Huntington's  
Disease  
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Please reserve \_\_\_\_\_ place/s for this event

Please list names and ages of those attending

Attendee: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Attendee: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

How will you be travelling to the event? (train/car/bus)

Please list below any special dietary requirements or allergies

**Name:** \_\_\_\_\_

Special dietary requirement or allergy \_\_\_\_\_

**Name:** \_\_\_\_\_

Special dietary requirement or allergy \_\_\_\_\_

Please list below any additional / medical needs we should be aware of and any medication your child currently takes:

**Name:** \_\_\_\_\_

Additional / medical needs / medication \_\_\_\_\_

**Name:** \_\_\_\_\_

Additional / medical needs / medication \_\_\_\_\_

**By signing this form, you are consenting to taking part in the activities listed above:**

Parents signature (for U18s): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## Keep in touch to hear about our work

We would like to keep you informed about the Huntington's Disease Association, our projects, events, fundraising activities and information for parents and carers. If you consent to us contacting you for these purposes, please tick to opt in below to state how you would be happy for us to contact you.

Email  Phone  Post  SMS

We will store your contact details safely and securely, won't share with any third parties without your consent and will only contact you in accordance with the preferences given. Please read our privacy policy on our website ([www.hda.org.uk/privacy-policy](http://www.hda.org.uk/privacy-policy)) for further details. You can unsubscribe at any time [here](#) or by emailing us at [info@hda.org.uk](mailto:info@hda.org.uk).



## Medical consent

Yes No

I give consent for **after sun** to be administered if the first aider or leader in charge deems it necessary.

I give consent for **over-the-counter anti-histamines** to be administered if the first aider or leader in charge deems it necessary.

I give consent for **over-the-counter anti-septics** to be administered if the first aider or leader in charge deems it necessary.

I give consent for **over-the-counter ibuprofen** to be administered if the first aider or leader in charge deems it necessary.

I give consent for **over-the-counter paracetamol** to be administered if the first aider or leader in charge deems it necessary.

I give consent for **bite/sting relief** to be administered if the first aider or leader in charge deems it necessary.

I give consent for **age appropriate insect repellent** to be administered if the first aider or leader in charge deems it necessary.

I give consent for **sun cream** to be administered if the first aider or leader in charge deems it necessary.

**By signing this form, you are consenting to the above:**

Parents signature (for U18s): \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

## Emergency contacts

### Emergency contact one:

Name of emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

### Emergency contact two:

Name of emergency contact: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

### Swimming

	Yes	No
Is your child able to swim 50m or more?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child water confident (can duck head underwater & swim 15m in a life jacket/buoyancy aid without panic)?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child unable to swim?	<input type="checkbox"/>	<input type="checkbox"/>

### HDYES t-shirt size

HDYES are giving out free HDYES t-shirts to event attendees. Please tick the box below to let us know which size t-shirt you would like:

7-8yrs     9-11yrs     12-13yrs

S     M     L     XL     2XL

If you previously received an HDYES hoodie and need a bigger size, please tick here   
(depending on funding availability):

### Privacy policy

We take your privacy seriously and promise to never sell your data. You can find out more about your rights, how we use your personal information and how we keep your details safe and secure by reading our privacy policy at <https://www.hda.org.uk/privacy-policy>. For more information or to change your preferences please contact [info@hda.org.uk](mailto:info@hda.org.uk).



## Publicity consent form

The Huntington's Disease Association often takes photographs, videos, audio recordings and asks people to share their story for publicity purposes. These images, recordings and stories may appear in our printed publications, or online, or both. We may also send them to the news media. We require your permission to do this.

<b>Full name</b>			
<b>Address</b>			
		<b>Postcode</b>	
<b>Telephone</b>			
<b>Email</b>			

### How will your photo, video, audio recording or story be used?

Publications:	Huntington's Disease Association's leaflets, posters, newsletters, magazine and other marketing materials
Websites:	Huntington's Disease Association's website
Social media:	Huntington's Disease Association's social media channels (i.e. Facebook, Twitter, Linked in)
Presentations:	Huntington's Disease Association's internal and external presentations
Print and online media:	National, regional and local papers; magazines and news sites
Television and radio:	National and regional television; national and local radio

We would like to be able to use and share your story in all of the ways listed above but do understand if you would prefer not to appear on particular platforms. If there is any way you would not like your information used or shared listed above, please indicate below:

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Please tick the box below and sign this form if you are happy to give permission for your image and / or story to be used by the Huntington's Disease Association for the purposes outlined above and if you understand that websites and other online media can be seen throughout the world and not just in the United Kingdom, where UK laws apply. It is important to note that images and stories already published cannot be withdrawn. All photographs and video material is copyright to the HDA.

**I am happy to give my consent and have read and understand the above:**

**Signature:**  **Date:**

If you are under 18, we also need written permission from a parent / guardian:

**Signature\***  **Date:**

*\* If a child is under eight years, the sole consent of their parent / guardian is sufficient.*

*Office use: If consent has been received by email a copy must be attached to this form and the form completed on behalf of the individual in accordance with their specified consent.*