



Registration Form Children and Youth Activities 2018 – 2019

Please tick the activities attended by your child or young person:

- Junior EBR Junior EGR Kingdom Kids Young Explorers
 Senior EBR Senior EGR Ignite

CHILD/YOUNG PERSON DETAILS

First Name _____ Surname _____

Date of Birth ____/____/____

Home Address _____

Please give details of any **medical problems or disabilities / medications / allergies / S.E.N / dietary requirements**. This information will only be seen as necessary by the relevant leader(s) and first aider to help plan for your child's time at our activities. In case of emergency or injury, Medical staff will also have access to this information.

PARENT/GUARDIAN DETAILS

Name of Parent/Guardian _____

Contact number _____

Emergency Contact Details:

	Contact 1	Contact 2
Name		
Relationship to Child		
Home telephone no.		
Mobile		

AUTHORISATION BY PARENT/GUARDIAN

I give permission for _____ to take part in the normal activities of the organisations I have ticked. I understand that while involved he/she will be under the control and care of the group leaders and/or other adults approved by the Church Elders and that, while the adults in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child or young person during, or as a result of, the activity.

- I will inform the leaders of any important changes to my child or young person's health, medication or needs, and also of any changes to our address or phone numbers provided on this sheet.
- In the event of illness or accident, having parental responsibility for the above named child or young person, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.
- In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment. I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

I give permission that photographs / video may be taken of my child or young person, and that the image(s) may be used on the church website, on the church Facebook site, on the projector screen in church services or in other printed church publications?

YES NO

Seniors/secondary age - I understand and give permission that leaders / key workers from the Church may sometimes contact my child or young person directly by phone/text/email/ social media sites to give information/changes about activities, in accordance with church policy.

Child's mobile number _____

DATA PROTECTION

The information you have given us in this form is held and used throughout the time of the child/youth activity. We do not share information with any other organisations. For insurance reasons this information will then be securely stored. To find out more about how we use your information please visit our data protection policy and child protection policy on our website at www.bethanychurch.org.uk

I confirm that the above details are correct to the best of my knowledge and consent to the use of this information.

Signed _____ (parent/or adult with parental responsibility)

Name PRINTED in full _____ Date _____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent. (NB This may not include a foster carer).