

Registration and Consent Form:
(Please use a separate form for each child)



Child's Name:
Date of Birth:
Parent/Carer's name:
Address:
.....
Mobile/Emergency Contact no:
Email address:

Emergency contact names and phone numbers (if parent/carers above not available)

Name 1: Phone no:
Name 2: Phone no:

Medical Details:

Please indicate any allergies, medical conditions or anything else we should know:

.....
.....

Permissions:

I give permission for my child to take part in this activity Yes / No
I give permission for photographs/video to be taken or use at the club and future events Yes / No
I give permission for said photographs/video to be used for promotional purposes Yes / No
I give permission for my child to have food and drink (as appropriate) Yes / No

Declaration:

I confirm that the above details are complete and correct to the best of my knowledge.

In the unlikely event of illness or accident, I give permission for appropriate first aid to be given. In an emergency (and if I cannot be contacted), I am willing for my child to be given hospital treatment as necessary. I understand that every effort will be made to contact me as soon as possible.

Signature of Parent/Carer: _____ **Date:** _____

(N.B. This form will be retained in accordance with the church's Data Privacy Notice)