



Registration form

Parent's Name:.....

Address..... Postcode:.....

Phone number..... Mobile phone number.....

E-mail address.....

1st Child's name: _____ Address (if different from above): _____ Date of birth: _____ Gender: _____ Current school year: _____ Mobile Number: _____ Email: _____ Any medical conditions or allergies: _____
2nd Child's name: _____ Address (if different from above): _____ Date of birth: _____ Gender: _____ Current school year: _____ Mobile Number: _____ Email: _____ Any medical conditions or allergies: _____
3rd Child's name: _____ Address (if different from above): _____ Date of birth: _____ Gender: _____ Current school year: _____ Mobile Number: _____ Email: _____ Any medical conditions or allergies: _____

YOUR PERMISSION:

- I consent to my child taking part in all activities of the youth group, whether **on or off** the premises. In the event of my child needing emergency medical treatment I give permission for the Youth Leaders to authorise urgent medical treatment as necessary on my behalf. I understand that it is my responsibility to give notification in writing of any change to the above information.
- I agree to my son/daughter being transported in a mini bus or cars which have fitted seat belts.
- I give permission for my child/children to be in occasional photos or video of events that may be displayed on notice boards/church website/Facebook. Yes No
- I give permission for you to contact me via email/text/phone/post/social media. If your child is 13 or over they need to give permission themselves by signing the line below. *(Please see our Privacy Policy on our website for a description of how we store and use data.)*
 Yes No (Signature of 13 year old+: _____)

Signed:(Parent/Guardian)

Date: