



Registration form

Parent's Name:.....

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

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

E-mail address.....

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

We occasionally take photos or video of events and display them on notice boards/church website/Facebook. If you DO NOT want your child in these photos please tick this box:

We also like to communicate with our young people via text/Facebook/email/social media. If you DO NOT want your child to be contacted in this way please tick this box:

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

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

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

Signed:(Parent/Guardian)

Date: