

# Registration Form

This form is part of the child protection policy of our church and it helps us to provide adequate care and protection for your child, as well as keeping you informed about what is happening in our youth and children’s groups.

Please fill in the form below and sign the declaration at the end.

## Child’s details

Full name:

Date of birth:

DD / MM / YYYY

Male

Female

## Parent or guardian’s details

Parent/guardian 1:

Relationship:

Parent/guardian 2:

Relationship:

Address:

Postal code:

Email address:

Home telephone:

Mobile telephone:

## Child protection details

☐

I agree for approved leaders to occasionally contact my child/ward directly.

☐

I agree for my child/ward to appear in photographs and/or videos that may be taken as part of the normal activities of the youth groups (but not in promotional material for the church or any of the affiliated groups).

## Medical details

GP name:

Surgery:

Telephone:

Address:

Medical conditions:

Include any medication

Medical allergies:

Including sensitivities

Food allergies:

Other notes:

## Declaration of consent

I agree that the above named child may take part in activities organised by the church, including any organised trips.

I understand that while involved, he/she will be under the care and responsibility of the group leader, and/or other adults approved by the PCC (church organising committee) and that while the leaders 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 during, or as a result of, the activity.

I agree that the above named child may be driven by minibus or car by the group leaders and/or helpers, and understand that transportation of the above named child outside the group activity is my responsibility and not the responsibility of the group leaders or helpers.

Additionally, in the event of illness or an accident requiring emergency hospital treatment where the group leaders are unable to contact me, I authorise the group leaders to give consent on my behalf for any medical treatment that may be required.

Signature:

Date:

DD / MM / YYYY