



Registration Form for Young People Activities

(To be completed at least annually for all children and young people attending a church-related group or activity one-off and regular, including Crèche, children's church and youth group).

Activity.....

Family contact details:

Full name of parent/guardian

Home address

.....

Home Tel No Parent's/guardian's mobile

If appropriate: young person's mobile:

Young person's e-mail:

Family doctor:

Emergency contact details for parents/guardians:

Contact tel. no during group or activity time:

Contact name for an alternative adult in case of emergencies:

Tel no: Relationship to child:

Tel no: Relationship to child:

Arrangements for collection *(please delete as appropriate)*

My child will be brought and collected from the group: Yes/No

S/he will be collected by:.....

Relationship to child:

Name of anyone **NOT** allowed to collect my child:

Relationship to child:

For children over 11years: My child has permission to travel to and from the group without me:

Yes/No

Consent Form for taking and publishing images of children

At Resurrection Manifestations, we include images of children in our publicity with the consent of them and their parents or guardians. We have a duty of care to reduce the risk of inappropriate contact by ensuring that children must remain unidentifiable in publications. Images may be used on the Church website or Facebook page, the Church magazine or the Church noticeboard.

For completion by parent or guardian and child:

I consent to images of my child(ren) named below being used and stored, solely for the purposes specified above. I understand that the **identity of my child will be protected in all publication of images.**

Name(s) of child:

Signatures:..... (parent/guardian)(child)

Date (& initial):

About your child:

Child 1

Child's full name: Date of birth:

School: School year:

Does your child have any food allergies? (please specify):

Does your child have any medical conditions? (please specify):

Is s/he on any medication? (please specify):

Does s/he have any special needs? (please specify):

Is there anything else you would like us to know about your child?

Child 2

Child's full name: Date of birth:

School: School year:

Does your child have any food allergies? (please specify):

Does your child have any medical conditions? (please specify):

Is s/he on any medication? (please specify):

Does s/he have any special needs? (please specify):

Is there anything else you would like us to know about your child?

Child 3

Child's full name: Date of birth:

School: School year:

Does your child have any food allergies? (please specify):

Does your child have any medical conditions? (please specify):

Is s/he on any medication? (please specify):

Does s/he have any special needs? (please specify):

Is there anything else you would like us to know about your child?

Declaration

I give permission for to
attend and take part in the specified activities.

Signed (parent/guardian):

Date (& initial):