



Registration Form 2018-2019

Please complete this registration form so that we can provide your child with the best care whilst they are taking part in our regular youth programme at the Church of the Good Shepherd, Four Marks.

Name of young person: _____

Date of Birth: _____

Address: _____

Any known medical conditions: _____

Any known food allergies or dietary requirements: _____

Anything else to be aware of: _____

Parent / Guardian Contact Information

Name: _____

Home number: _____

Mobile Number: _____

Email address: _____

Additional contact name and number (if you're not available): _____

Family Doctor

Name: _____

Address: _____

Telephone Number: _____

I give permission for COGS Youth to contact my child directly about events they're involved in.

Young person's Mobile Number: _____

Young person's Email Address: _____

Photos:

I give permission for images of my child to appear in internal publications (noticeboard / projector screen etc.) and external publications (website / church brochure / church social media etc.)

Getting Home:

Once COGS Youth events have ended at the advertised time, we cannot be held responsible for the care of your child, however we will do our best to make sure that their journey home is safe.

I will always arrange for someone to pick up my child. Please do not allow them to leave COGS Youth events unaccompanied.

I give permission for my child to make their own way home unaccompanied by an adult.

Keeping you updated:

We send out occasional emails with information about our groups (e.g. when and where they're meeting / any changes to plans etc.)

Please add me and my child to the mailing list for youth events.

Please note:

- This form is valid for the academic year 2018/2019 and needs to be renewed by 30/09/2019
- Separate permission will be required for certain one off / offsite activities
- This form will be filed in the church office at COGS
- Whilst we always do our best to guide and protect the young people in our care, we cannot be held responsible for photos taken by individuals on personal electronic devices which are then used in the public domain.
- Conversations we may have with children and young people are confidential except where there may be a risk of harm to themselves or others, or illegal activity disclosed.

Permission

I, as parent / guardian of _____, I believe that he/she is capable of taking part in the regular activities of COGS Youth and give my permission for him/her to do so. In the event of illness, or accident, I consent to any necessary medical/dental treatment (including anaesthetics) when/if I am not contactable. I give permission for my child to be transported to hospital. I confirm that all the above information is true and up to date to the best of my knowledge and commit to provide updates if anything changes.

Signature: _____

Date: _____

Print name: _____