

UNITED Youth Big Sleep Out 2020

Please complete this registration form so that we can provide your child with the best care whilst they are taking part in The Big Sleep Out 2020

Name of young person: _____

Date of Birth: _____

I confirm that the information I have already submitted a Registration Form to our youth leader which is up-to-date and is applicable to my child for this event. *(If confirmed, skip to section B.)*

Section A

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 the above is unavailable):

Family Doctor

Name: _____

Address: _____

Telephone Number: _____

Section B

Who will be dropping off and picking up your child? _____

I understand that photos of my child may be taken and used by Trinity Winchester (who are organising this event) and local church youth groups who are part of our UNITED youth group initiative, and I give my consent for this.

I understand that every effort will be taken to ensure the safety of my child, but that they will be given a reasonable amount of freedom and will not be supervised by an adult 100% of the time. I confirm that they are capable to attend this event and to behave appropriately.

I understand the nature of this event, that my child will be sleeping rough and deem them capable of taking part. I will ensure they have appropriate clothing and equipment for the event.

I understand that this is a public residential event at which the UNITED Youth leaders will do everything possible to ensure the safety of my child, but that they cannot be responsible for the behaviour of others who attend the event outside of the UNITED Youth group.

Please note:

- This form will be taken to the event described above and then be filed by the church to which you are affiliated in accordance with their data protection policy.
- 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.
- If information is disclosed that reveals a risk of harm to a child, or illegal activity, we will make referrals in accordance with our safeguarding policies.
- If you are aware of any circumstances affecting the wellbeing of your child, or any safeguarding information which they might disclose to a COGS Youth leader that would be helpful for us to be aware of in advance, please contact the youth leader.

Permission

I, as parent / guardian of the above-named child, I believe that he/she is capable of taking part in the event described above and give my permission for them 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: _____