

CONNECT - Registration Form

Details of Young Person **(ONE FORM PER CHILD)**

Full name:

Address:
.....

Post Code:

Date of birth:

School: School Year:

Does your child have any medical conditions? (including asthma, allergies, diabetes, epilepsy, etc)

.....
.....

PLEASE NOTE: IF YOUR CHILD HAS ASTHMA THEY MUST BRING AN INHALER WITH THEM

Any additional needs? (e.g. special dietary requirements, disability, etc)

.....

Contact details of parent/guardian

Name:

Relationship to young person:

Address:
.....

Post Code:

Home phone:

Mobile:

Email address:

Details of alternative emergency contact

Name:

Contact Number:

Relationship to young person:

General consent

Please note that these declarations must be signed by the parent/carer of the child named on this form or by a person with parental responsibility for the child.

I give consent for to attend and participate in the normal activities of Connect Youth Group. I have read and understood the Welcome to Connect information sheet and I acknowledge the need for them to behave responsibly and to take note of any safety instructions.

I understand that while involved they will be under the care and supervision of the approved adult workers appointed by the church, though during periods of free time close supervision by workers may not always be possible. While these workers will take all reasonable care of the participants, they cannot necessarily be held responsible for any loss, damage or injury suffered during, or as a result of, the activity.

In the event of illness or accident requiring emergency treatment, I give consent for them to receive emergency dental, medical or surgical treatment as considered necessary by the medical professionals present. I understand that every effort will be made to contact me first.

Signed: Dated:

Photography and video:

From time to time, we may take photographs or videos to provide a reminder of the event for those involved and to use on church displays, posters and flyers, church website, and occasionally in the local press. Photos or videos used publicly will focus on activities and groups rather than individuals; children will not be named or linked with any personal details. Photos or videos will not be taken if the participant is themselves unwilling.

Are you happy for photos / videos to be taken of the child named on this form?

Yes / No

Please circle Yes or No to make clear in which ways you are willing for them to be used:

<i>Displays</i>	<i>Yes</i>	<i>No</i>
<i>Publicity (e.g. posters/flyers)</i>	<i>Yes</i>	<i>No</i>
<i>Website/Facebook</i>	<i>Yes</i>	<i>No</i>
<i>Press</i>	<i>Yes</i>	<i>No</i>

I give consent for photos/videos of the child named on this form to be used, as above.

Signed: Dated:

Outside Consent:

I give/do not give consent for the child named on this form to be outside during youth group.

Signed: Dated:

Data Protection:

The deacons of Ainsdale Village Church collect and process data in accordance with our Data Privacy Statement which is available upon request. By signing below you are confirming that you are consenting to Ainsdale Village Church holding and processing yours and your child's personal data for the following purposes.

(please tick the boxes where you grant consent)

I consent to the church contacting me by post phone email.

To keep me informed about news, events, activities and services at Ainsdale Village Church (*note you can unsubscribe from any church notices*);

Please indicate your consent to Ainsdale Village Church processing this data by signing and dating below.

We will retain this form as evidence of your agreement to the processing of the data as per the Data Retention Policy.

You may withdraw your consent at any time by writing to the Church Secretary.

I,.....(full name) consent to the processing of my personal data in accordance with the details above.

AND

I (full name), the parent of
(child's name), consent to the processing of his/her personal data in accordance with the details above.

Signed: Dated: