



ONEIGHTY/ONEIGHTEA/IGNITE REGISTRATION FORM (please delete as appropriate)					
Child's First Name			Child's Surname		
Sex	Male	Female	Child's DOB		
School					
Address					
Town/City					
County				Postcode	
Parent/Carer Email(s)					
Parent/Carer Mobile Number(s)					
Child Email (see below)			Child Mobile No (see below)		
Who does your child live with?				Relationship	
Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect normal activity:					
Doctor Name & Tel					
Additional Emergency Contact		Name/Relationship		Tel No	

We would love to keep you and your child informed about our children's and youth activities and other relevant events from Excel Church if you would like to receive this information, please tick this boxes that apply, you can change your preferences or choose to be forgotten at any time by contacting the church office. We will never pass your info on to a third party. We would also love to make it possible for our leaders to communicate with your son/daughter via SMS text and or via social media (where age appropriate) – this way our vetted leaders can get alongside them and help them to navigate this season of life. We encourage group messaging where possible. If you would like to know more about our social media policy (regarding contacting young people on Facebook etc.) please contact the office or see our web site. How can we communicate with you and your son/daughter?

Receive general emails (parent/carers)		Receive general SMS (Parent/carers)	
Receive general emails (Child)		Receive general SMS (Child)	
Via social media (Child) (where appropriate)		Via SMS (Child)	
Via email (child)			

I give permission for the above-named child to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the control and care of the group leader and/or other leaders approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter during, or as a result of, the activity. I understand that my child will receive medication as instructed. I also understand that if my son or daughter becomes ill, then every effort will be made to inform me. If I am not contactable, then my child will be given medical or dental treatment as considered necessary further to any medical advice being sought.

**Minibus consent (delete as appropriate):** I give/do not give permission for my child named above to use the Oneighty minibus service. I understand that I am responsible for them up until the minibus collects them. For more info about the minibus service, please contact the office.

**Notes:** Excel Church has a Health and Safety policy and a Child Protection Policy. All our volunteers have a valid DBS. From time to time we will use photographs or video from our youth activities as promotional material, either via our website/social media or for print. We will not pass any photos or videos onto other organisations. I give permission for photos of my child to be used in this way.

Signed (person with parental responsibility)		Date	
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