





**Sunday Mornings** 

## CHILDREN'S REGISTRATION FORM

Friday 6:30-7:30pm

Child's First Name  Child's Surname  Sex Male Female Child's DOB  Home Address  Town/City  County Parents/Carer Name(s)	
Home Address Town/City County Postcode	
Town/City County Postcode	
County	
·	
Parents/Carer Name(s)	
Parent/Carer Email(s)	
Parent/Carer Mobile Number(s)	
Do you live with your child? If not, who do they live with?	
Child's School	
Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, al dietary needs, etc.) or disability which may affect normal activity:	llergies,
Doctor Name & Tel	
Additional Emergency Name/ Contact Relationship	
We would love to keep you and your child informed about activities and events at Excel Church if you would information, please tick this boxes that apply, you can change your preferences or choose to be forgot contacting the church office on 01902 402273. We will never pass your info on to a third party and we prou!  I would like to receive general emails  give permission for the above-named child to take part in the normal activities of this group. I understand the content of the	tten at any time b promise not to spar

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.

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	Date	
(person with parental responsibility)		