



Registration Form 2017-2018

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:

Their Mobile Number: _____

Their Email Address: _____

Any known medical conditions:

Any known food allergies or dietary requirements:

Details of any court orders: _____

Parent / Guardian Contact Information

Home number: _____

Mobile Number: _____

Email address: _____

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

Family Doctor

Name: _____

Address:

Telephone Number: _____

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.

Signature: _____

Date: _____

Print name: _____

Please note:

- This form is valid for the academic year 2017/2018 and needs to be renewed by 30/09/2018
- 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.
- We may take photos at COGS events to use in our publicity. Your child will never be individually named, but
 - Please tick if you would not want images of your child to appear in internal publications (noticeboard / projector screen etc.)
 - Please tick if you would not want images of your child to appear in external publications (website/church brochure etc.)