

# KID'S & YOUTH REGISTRATION

STRANDTOWN BAPTIST CHURCH KID'S & YOUTH ACTIVITIES



## CHILD'S/YOUNG PERSON'S DETAILS:

Full Name:	DOB:	School Year Group:
Address:		
		Postcode:
Home Phone:	Name child/yp wishes to be known by:	

## YOUTH (11-18) ONLY:

Mobile Phone:	Email:
School/College Name (if applicable):	
Permission to send important programme info & updates by text/email etc. (Please tick) <input type="checkbox"/>	

## WHO HAS PARENTAL RESPONSIBILITY FOR THE CHILD/YOUNG PERSON?

Name:	Name:
Address & Postcode (If different to above)	Address & Postcode (If different to above)
Mobile:	Mobile:
Email:	Email:
Relationship to Child:	Relationship to Child:

## ADDITIONAL EMERGENCY CONTACT

Name:	Relationship to Child:
Home Phone:	Mobile:

## MEDICAL DETAILS (CONTINUE ON ADDITIONAL SHEET IF REQUIRED)

GP Name:	GP Phone:
GP Address:	Date of Last Tetanus:
Allergies:	
Medication:	
Any health condition/disability we should know about?:	
	Dietary Requirements:

## PERMISSIONS (PLEASE TICK):

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- Unless I inform the leaders otherwise, my child/young person will be collected by one of those with parental responsibility or by the additional contact named above.
- My child/young person has permission to walk home
- I give permission for my child/young person to be included in any photos or videos that may be taken and used at Church events, in Church publications or the Church website.
- Youth (16+ only): I give permission for my young person to add leaders as 'Friends' on social networks such as Facebook - primarily to aid communicating information for those participating the LDP or volunteering capacities. All communication will follow our Child Protection/Communication Policies.

## PROGRAMMES & ACTIVITIES:

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Completion of this form enables your child/young person to participate in any of the activities, relevant for their age group, which run within Strandtown Baptist Church. You will be required update these details each September to ensure we can provide the best possible care, and you should inform us immediately if any of your details change.

It would be a great help for our teams if you could tick the programmes your son/daughter plans to attend, however this does not mean you are restricted to attend only the programmes selected.

### PRE-SCHOOL

<input type="checkbox"/>	Creche Sun, during AM services
<input type="checkbox"/>	Tots Pre-School, Tue 10-11.30am

### XSTREAM - KIDS

<input type="checkbox"/>	Xplorers Age 3-P7, Sun 11-12.15pm
<input type="checkbox"/>	Friday Xtra: Junior Age 3-P3, Fri 6.30 -7.45pm
<input type="checkbox"/>	Friday Xtra: Senior P4-P7, Fri 6.30-7.45pm
<input type="checkbox"/>	Strandtown Olympic Age 10-14, Sat 5.45-7.15pm

### ENCOUNTER - YOUTH

<input type="checkbox"/>	Enc:Friday's Year 8-14, Fri 8-10.15pm
<input type="checkbox"/>	Enc: Lifegroup (Yr8-14) 2nd & 4th Sun 7-8.15pm
<input type="checkbox"/>	Enc: OneToOne Year 9-14, Various

## DECLARATION & SIGNED PERMISSION:

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I give permission for my child to take part in the church's regular activities for children/young people, which may occasionally involve being outdoors, off-site or travelling in leaders vehicles, under the supervision of nominated leaders. I understand that separate permission will be sought for certain activities, including those primarily taking place away from the church or outside of the normal meeting times.

In the event of illness or accident I give permission for first aid to be administered where considered necessary by a qualified first aider, if available, or for medical treatment to be given by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I give permission for an adult leader to sign on my behalf any written form of consent that may be required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

I consent to the information given on this form being held on a computer record.

I understand that while involved in any church activity, my child will be under the care and supervision of the adult leaders approved by the church and that while they will take all reasonable care of the children attending, they cannot necessarily be held responsible for any loss, damage or injury suffered during or as a result of the activity.

I confirm that the above details are correct to the best of my knowledge. I will inform leaders of any changes to the information given.

**Signed (parent/guardian):**

**Date:**