

Safe to Grow

# Hope Baptist Church

## YOUTH AND CHILDREN'S WORK

Termly Registration  
and Consent Form

### Young Person's Information

Full name of young person: \_\_\_\_\_

Name of School/College/Work: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address of young person: \_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Phone number of young person - Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address of young person: \_\_\_\_\_

### Parent / Guardian's Information

One of the contacts listed below should be someone with parental responsibility for the young person named above. The other contact should not be a parent/guardian, but someone we can contact if parent/guardian cannot be reached. We will sometimes contact parents/guardians with information for the young person.

1. Name of parent/guardian: \_\_\_\_\_

Address (if different from the young person): \_\_\_\_\_

Relationship to the young person: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Email address: \_\_\_\_\_

2. Name of additional contact (not a parent/guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to the young person: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

### Specific Activity / Event Information for the Autumn Term 2010

- Friday youth clubs and Sunday groups as per the programme
- Trips to Central/Pounds Park on Friday nights for games
- The Net at Plymouth Methodist Central Hall – 25/09, 16/10, 4/12
- Xplore – 20/09, 4/10, 18/10, 8/11, 22/11, 6/12
- God Space – 13/09, 27/09, 11/10, 1/11, 15/11, 29/11
- Youth Band – 23/09, 7/10, 21/10, 4/11, 18/11, 9/10
- ASK cafe based in Contrasting Horizons – every Tuesday and Thursday during term time
- Hype and React Swimming Trip to Pavilions – 27/11

Continued overleaf

## Young Person's Medical Information

Name of young person's registered GP/Surgery: \_\_\_\_\_

Address & telephone number: \_\_\_\_\_

Date of last anti-tetanus injection: \_\_\_\_\_

Whilst in our care it is important that we know whether your young person:

- Suffers from any allergies YES/NO details: \_\_\_\_\_
- Is on any medication YES/NO details: \_\_\_\_\_
- Has a health condition or disability that we should be aware of : YES/NO

details: \_\_\_\_\_

## Parent / Guardian Declaration

Please note that this declaration can only be signed by those with parental responsibility for the young person named overleaf (does not include a foster carer).

- I give permission for my young person to take part in the normal activities of the group. I also give permission for my young person to take part in the activities/events named overleaf.
- I consider my young person to be medically fit to participate in the activities/events.
- I undertake to inform a group leader if any of the above information should change by the date of the activity/event. Or if my young person is in contact with or suffers from any disease, which may be contagious or infectious, within four weeks prior to the activity/event.
- I agree that when the groups or the activities/events finish my young person is no longer the responsibility of Hope Baptist Church (times as in the programme).
- I give permission to Hope Baptist Church to keep and use photographs/video of my young person for Youth and Children's work purposes.
- In an emergency and/or if I cannot be contacted, I agree for my young person to receive necessary hospital or dental treatment, including an anaesthetic.

Any additional information: \_\_\_\_\_

(Parent/Parental Responsibility) Please PRINT name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_