



Moira Baptist Church Child/Youth Registration Form

(Please Circle organisation)			
Wee Wonders	Wonder Kidz	SWK	Sunday School
Bible Class			
Seekers			
Source			
Other (please state):			
DETAILS CHILD/YOUNG PERSON			
Full Name:			
Address: Postcode:			
DOB:		School Year:	
Home Tel No:			
Youth (11-18) Only			
Mobile :		Email:	
DETAILS PERSON/S WITH PARENTAL RESPONSIBILITY			
Name:		Name:	
Address: Postcode: (If Different From Above)		Address: Postcode: (If Different From Above)	
Home Tel No:		Home Tel No:	
Mobile:		Mobile:	
Relationship:		Relationship:	
ADDITIONAL CONTACT			
Name:		Relationship:	
Home Tel No:		Mobile:	
MEDICAL DETAILS			
GP Name:		Tel No:	
GP Address:			
Allergies:		Date of Last Tetanus:	
Medical conditions /Disability:			
Special Dietary Requirements:			



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PERMISSIONS	(PLEASE TICK)		
Unless I inform the leaders otherwise, my child/YP will be collected by one of those with parental responsibility or by the additional contact named above.	<input type="checkbox"/>		
My child/YP has permission to walk home.	<input type="checkbox"/>		
I give permission for my child/YP to be included in any photographs and/or videos that may be taken and used at church events, in church publications or the church website.	<input type="checkbox"/>		
(Youth 11-18) only I give permission for Youth Leader/s to communicate with my child. All communication will follow our Child Protection/Communications Policy.			
Telephone/Mobile	<input type="checkbox"/>		
Email	<input type="checkbox"/>		
Social media	<input type="checkbox"/>		
In the event of an accident or illness, I consent for any necessary first aid treatment to be administered by a qualified first aider, if available, or for medical treatment to be given by a suitably qualified medical practitioner. I understand that every effort will be made to contact me as soon as possible.	<input type="checkbox"/>		
DECLARATION			
I hereby consent for my child named above to attend the activities stated, with Moira Baptist Church. 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.			
I consent to the information given on this form being held, in line with Moira Baptist Church data protection policy.			
I understand that while involved in any church activity, my child will be under the care and supervision of the adult leaders approved by Moira Baptist Church and that while they will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child, 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 the leaders of any important changes to the information given.			
Signed		Date	
(Youth 13yr+) only I consent for my personal information to be held, in line with MBC data protection policy.			
Signed		Date	

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB this may not include a foster carer). If you would like to withdraw consent or have any further questions about the information we hold about you, please contact Mr Stephen McCarroll (Data Protection Officer) on Tel: 07590661280.