



# Youth Group Registration Form

Please complete and return this form to:

**Uplyme Church, Pound Lane, Uplyme, Devon DT7 3TT**

or via the Church Office or Youth Group leader

|                        |  |                   |  |
|------------------------|--|-------------------|--|
| <b>Childs Name</b>     |  | <b>Birth date</b> |  |
| <b>Parent/Guardian</b> |  |                   |  |
| <b>Address</b>         |  |                   |  |
|                        |  | <b>Postcode</b>   |  |
| <b>Home phone</b>      |  | <b>Mobile</b>     |  |
| <b>Email</b>           |  |                   |  |

|                        |  |              |  |
|------------------------|--|--------------|--|
| <b>Allergies/Needs</b> |  |              |  |
| <b>Doctor Name</b>     |  | <b>Phone</b> |  |

|                                 |  |  |  |
|---------------------------------|--|--|--|
| <b>Emergency Contact Name</b>   |  |  |  |
| <b>Emergency Contact Number</b> |  |  |  |

|                                                                        |                          |
|------------------------------------------------------------------------|--------------------------|
| <b>I am happy for my child to walk home on their own</b> (please tick) | <input type="checkbox"/> |
|------------------------------------------------------------------------|--------------------------|

|                                                       |
|-------------------------------------------------------|
| <b>Additional info</b> (stuff we need to be aware of) |
|-------------------------------------------------------|

The child named above is in good health and I consider him/her capable of the activities taking place. I agree to him/her taking part in youth activities. In the event of an accident I consent to any necessary medical treatment which might include the use of paracetamol sachets or sticking plasters. In an emergency I consent to treatment by medical health professionals, if considered necessary.

|               |             |
|---------------|-------------|
| <b>Signed</b> | <b>Date</b> |
|---------------|-------------|

I also give permission for photos/video for local promotion to be taken. (children will not be identified by name)

|               |             |
|---------------|-------------|
| <b>Signed</b> | <b>Date</b> |
|---------------|-------------|