



# REGISTRATION FORM

(Please return this from when you next attend Buzz.)



### To be completed by the Parent /Guardian.

Young Person's Name .....

Date of Birth  /  /  Age  School Year

Home Address.....

.....Post code.....

Home Tel:.....Young Person's Mobile Number:.....

EMERGENCY CONTACT NAME:.....Tel:.....

Parent/Carer Name:.....

Email:.....

Tel (if different to emergency contact): .....

We may take photographs and or video from time to time in strict accordance with safeguarding and best practice guidelines. Photos and videos will be stored electronically or in a locked filing cabinet and will be kept for a maximum of 5 years, with the exception of any formal archive photos.

Please TICK the relevant boxes if you give permission for your son/daughter to appear in pictures and/or video and to its use.

- Noticeboards within church
- Parish website
- Parish Facebook page
- Buzz promotional material
- Parish magazine

Pictures will not be identified by name without specific permission being gained.

### Medical

Doctor's Name:..... Tel Number:.....

Address:.....

Does your son/daughter have any health problems/allergies? .....

.....

Is there anything else you think we should know about your son/daughter? .....

.....

### Consent

I consent to any emergency medical treatment being given to my son/daughter should it be required. I therefore authorise a Buzz leader to sign any written consent required by emergency services on my behalf should there be a delay in obtaining my signature, on the understanding that every effort will be made to contact me.

Print Name (parent/carer): .....

Signed:..... Date:.....

**Thank you for your time.**

If you have any queries feel free to contact Becky Speyer (Youth Coordinator)

Email: bourneyouth@outlook.com

Tel : 07753 185912