

Please complete ALL sections below in BLOCK CAPITALS. Any information given on this form will be securely and confidentially stored by the youth team and held in accordance with the Data Protection Act.

Young Person's Information			
Name			
Child's Mobile		Date of Birth	
Child's Email Address			
School		Current Year	
Medical Conditions or Allergies			
Dietary Requirements		Special Needs	
Groups attending (delete as appropriate)	Fuel Friday / Fuel Sunday/ Midweek Life Group (Y10-Y13)		
Has your child (delete as appropriate)	been baptised as an infant / been dedicated as an infant / been baptised as a young person / been confirmed		

Parent/Carer Information			
Contact Name			
Relationship (delete as appropriate)	Parent / Aunt / Uncle / Grandparent / Guardian / Other:		
Address inc Postcode		Home Phone	
		Mobile No.	
Email			

Emergency Contact			
In the event of an emergency, and we are unable to contact parents, please supply an alternative contact.			
Name			
Contact No.		Relationship	

Permission	
I understand leaders are only responsible for my child only during the group times and that I am responsible for them at all other times, including travel to/from the groups.	Yes/No
If I cannot be contacted, I give consent for any emergency medical treatments considered necessary by the medical authorities to be given to my child.	Yes/No
I give consent for the youth team to communicate directly with my child via electronic communications (including email, text and Facebook).	Yes/No
I give consent for photographs and videos to be taken at meetings and events, and for these to be used in print and online to promote activities to other young people.	Yes/No
I give consent for my child to take part in age appropriate weekly meetings at St Paul's Church, as well as FUEL socials and activities in the local area.	Yes/No
Signed:	Date:

Office use only - entered into ChurchApp on (Date):

by (Initials):