Registration Form – Children and Youth.

YOUNG PERSON OR CHILD’S DETAILS

Name:

School Year: Date of birth:

PARENT OR GUARDIAN’S DETAILS

Name:

Email: Mobile:

2nd Contact name: 2nd Contact Mobile:

OTHER INFROMATION

Does your child have any:

Allergies

Medical issues

Medication

Additional needs

Please give more details below:

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CONSENT (Please Tick)

 I give permission for leaders to act on my behalf as a parent in a medical emergency (if, after taking all reasonable steps, the leaders cannot contact me).

I give permission for my son/daughter to be photographed during group activities at St Ebbe’s and for those photographs to be used for the purpose of promoting groups and activities, including on our website.

I consent to St Ebbe’s holding and processing my personal data, and that of my child, for the purpose of keeping me informed about news, events, activities, and services at St Ebbe’s and elsewhere that St Ebbe’s considers may be of interest to me (note you can unsubscribe at any time).

Signed: Date: