

Appendix 1

COVENANTERS

**KENTON BAPTIST CHURCH
STREATFIELD ROAD**

SWASHBUCKLERS

CLUB REGISTRATION FORM

Please complete in block capitals.

CHILD'S NAME:

ADDRESS:.....
.....

DATE of BIRTH:/...../..... SCHOOL ATTENDED:

CHURCH ATTENDED (if any):

Any medical conditions or allergies the club should be aware of?:

.....

PARENTAL CONSENT

I give my permission for (child's name) to be involved in the activities organised by Swashbucklers, one of the youth clubs run by Kenton Baptist Church, which takes place between 6.30pm and 8.00pm on Tuesday evenings.

I understand that this will include both on and off-site activities and transport to and from activities by car or minibus (seat-belted). I understand that supervision will be by adults aged 18 years and over and who have been CRB checked, and that authorised youth leaders will ensure that my child is properly supervised at all times.

I give my permission for the youth leaders to act on my behalf as a parent, e.g. in a medical emergency (this will be used if the leaders are unable to contact you).

I consent to the Club photographing or videoing my child's involvement in club activities for the use in Church publicity.

Yes, I consent / No I do not consent *

* Please delete as appropriate

.....

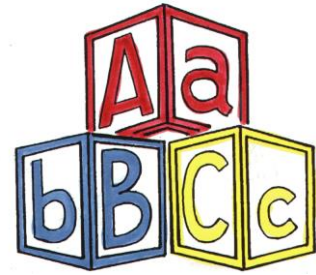
Signature of Parent/Carer:

Parent's Name: Date:

Telephone No: (Home) (Mobile)

Other Emergency Contact (Name): Tel:

Appendix 1



TODDLERS & Co

Full name of Parent / Carer

Full name of child (1)

Date of birth of Child

Allergies

Full name of child (2)

Date of birth of Child

Allergies

Full name of child (3)

Date of birth of Child

Allergies

Full name of child (4)

Date of birth of Child

Allergies

Full Address

Post code

Contact telephone

Email address

Emergency Contact Number

Toddlers & Co is run by [Kenton Baptist Church](#)
[Streatfield Road, Kenton, Harrow, Middlesex. HA3 9BS](#)
[Church in your Community](#)

Appendix 1

Annual Consent Form (page 1 of 2)



Girls' Brigade, Cliff College, Calver, Hope Valley, Derbyshire, S32 3XG

Tel: **01246 582322** | Email: gbc@gb-ministries.org | Web: www.girlsb.org

The Girls' Brigade England & Wales is a registered charity, number 206655, and a company limited by guarantee, number 206877

To be completed annually to ensure emergency contact information is held for all members. In the case of under 16s, this form should be completed by parents/guardians and returned to the local GB leader as soon as possible.

Personal details:

Title: Christian name: Surname:

Address:

Postcode: Date of birth:

Telephone number: Mobile number:

Email:

Name of GB group:

Medical details:

Name, address and telephone number of GP:

Details of any medical condition, allergies or special diets that leaders should be aware of (including any medication that may be needed whilst at GB):

Details of any particular/additional needs your child has of which we should be aware:

Appendix 1



Annual Consent Form (page 2 of 2)

Girls' Brigade, Cliff College, Calver, Hope Valley, Derbyshire, S32 3XG

Tel: **01246 582322** | Email: **gbco@gb-ministries.org** | Web: **www.girlsb.org**

The Girls' Brigade England & Wales is a registered charity, number 206655, and a company limited by guarantee, number 206877

Authorisation:

Does your child have permission to swim?

Yes

No

How far can they swim?

Do you give permission for images (photographs/videos) of your child engaged in GB activities to be used for publicity purposes (church magazine, GB magazine, local newspaper, GB website etc.)? Care will be taken to ensure that names of individuals are not given out.

Yes

No

I certify that the above information is correct to the best of my knowledge and undertake to notify the leader in charge of any changes. I give permission for my child to attend and take part in the group's normal activities and outings.

I give permission for a qualified first aider to give first aid and I authorise the leader in charge to sign on my behalf any written form of consent for treatment or medication required if the delay required to obtain my own signature is considered inadvisable by the doctor concerned.

Please print name and give contact information if different from above:

Signed by parent/guardian:

Date:

d d / m m / y y y y

For leaders' use:

Please note that the data held on this form is subject to data protection regulations and should be destroyed when renewed or updated each year.

January 2014 (V1)

Appendix 1

Covies

Date:

Childs Name: Date of Birth:

Home Address:

.....

Telephone No.:

Home: Mobile:

Allergies:

.....

Signed:

Print: