

**Sunday Club Registration Form**

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| **Child’s full name:**  **Preferred name:** | **Name of parent or guardian:**  **(Print name)**  **Relationship to child:** |
| **Date of birth:** | **School:**  **Year at school:** |
| **Address:**  **Postcode:**  **Telephone day:**  **eve:**  **mobile:**  **Do we have permission to post correspondence (like a birthday card) to this address: YES/NO** (delete as applicable) | **Emergency contact name:**  **Relationship to child:**  **Address:**  **Postcode:**  **Telephone day:**  **eve:**  **mobile:**  **Parent/guardian email address:**  **Do you give permission for St Andrew’s Church to contact you via email and phone?** **YES/NO** (delete as applicable) |

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| **Any known medical conditions:** | **Food allergies or special dietary requirements:** |
| **Family Doctor:**  **Telephone:**  **Address:**  **Postcode:** | **Date of last anti tetanus injection:** |
| **Details of any court orders:** |

I give permission for my child (name above) to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming and outings lasting longer than the normal meeting times of the group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I give permission for photographs or video of my child to be taken, and images used on St Andrew’s church’s:

* printed publications **YES/NO** (delete as applicable)
* Website **YES/NO** (delete as applicable)
* social media public pages **YES/NO** (delete as applicable)
* social media closed groups **YES/NO** (delete as applicable)

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic. **YES/NO** (delete as applicable)

I give my permission for this information to be stored on a computer. **YES/NO** (delete as applicable)

Signed (parent/or adult with parental responsibility) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This form is valid one year from the date signed.

By signing this form you are confirming that you are consenting to the PCC of St. Andrew’s, Starbeck holding and processing your personal data in accordance with the Data Privacy Notice. <http://andysonline.org/data-privacy/>