

EMBC Youth registration and consent form – 8th -10th September 2017 (East Mains Baptist Church)

Full name of young person.....

Date of birth..... School year (at sept 2017).....

Address.....
Postcode.....

Name(s) of parent/guardian the young person lives with.....

Contact number home..... Mobile.....

Name of a second emergency contact..... contact number.....

Name and address of person with parental responsibility if different from who the young person lives with:-
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..... Phone no.....

Please provide details of regular medications / medical problems / disabilities / dietary needs / allergies:-
.....
.....

Date of last anti-tetanus injection if known.....

**** Please note that if any of these details change before the weekend please bring changes in writing when you drop your child at the church for the weekend away ****

I give permission for the above named young person to take part in activities of this weekend. 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 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. In an emergency or if I am not contactable, I am willing for my child to receive hospital or dental treatment including an anaesthetic.

YES..... NO..... (Please tick one) Please note that every effort will be made to contact you in an emergency.

We may take pictures or video for future advertising of the group. Tick if you **DO NOT** give permission for this

We will give some free time for the young people to go in small groups into Arbroath which is about a 10 minute walk from the centre. If you are not happy with this and wish your child to be supervised by a leader during this please tick here

I enclose £..... (£49 / person total cost). All cheques payable to East Mains Baptist Church.

We do not plan to take mobile phones away from the young people but will expect responsible behaviour regarding their use, otherwise these may be removed for a period of time from individuals.

Please provide an email address which we will use to contact you with any information before we go:-

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Signed by parent or adult named above with parental responsibility.....

Date.....

Please state who your child would like to share a dorm with