**PARENTAL CONSENT & REGISTRATION FORM 2021-22**

Group(s): Fuse Youth Group

Time(s): Wednesdays 19:30 – 21:00

Place(s): Godalming Baptist Church

**Young Person’s Details**

Full Name:

Address:

Home Telephone:

Email Address:

Age: School Year: Date of Birth:

School: Church Attended (if any):

When your child is in our care, it would be helpful to know whether he/she suffers from any allergies,

is on particular medication or whether there is anything else you would consider important for us to know to ensure their wellbeing:

**Photo Consent**

We often use photos of the team working with groups of young people to promote the work we do, via publicity such as leaflets and our website. The photos taken will be stored on the Trinity Trust Team computer at our office, and used only for the purpose stated above. *Please sign if you are willing for us to take photos that might include your son/daughter:*

**Your Details and Consent**

Parent/Guardian Mobile (In case of emergency):

Parent/Guardian Email:

I give permission for my son/daughter (name):

to attend and take part in the above named youth group, which is run in partnership between Trinity Trust Team and Godalming Baptist Church.

If it becomes necessary for my son/daughter to receive medical treatment (other than any listed under the allergies disclosure) and I cannot be contacted, I hereby give my general consent to any medical treatment, including anaesthetics and authorise the leader in charge to sign any documentation required by hospital or other authorities.

Signed: (Parent/Guardian)

Print Name:

Date: