

YOUTH NIGHT REGISTRATION FORM (Please complete one form per young person)

ST. JOHN'S METHODIST CHURCH (To be completed by parent or guardian)

Name of Young Person..... Date of Birth

Address

..... Postcode

Home Phone No

Young Person Mobile No

Any health or additional needs for us to be aware of e.g. allergies, medicines, inhalers, etc:

.....

.....

Any other requirements/information

..... (continue on the reverse if necessary)

Doctor's Name Doctor/Surgery Tel No

Surgery Address

Name of Parent/Guardian

Address (if different from above)

..... Postcode

Emergency Contact Name 1 Phone No.

Emergency Contact Name 2 Phone No.

Parents/Guardian E mail address

The club will meet at John's Methodist Church - Tel. 07963 833488 – There may be occasional activities arranged elsewhere. Parents/carers will be informed well in advance by letter, e mail or text.

I give permission for the young person named above to attend and take part in the variety of events that are run by St. John's youth night. In the unlikely event of an emergency or accident **I GIVE / DO NOT GIVE** (please circle) permission for him/her to receive first aid on site. If I am not contactable, **I AM / AM NOT** (please circle) willing for them to receive hospital treatment including anaesthetic.

I also understand that photographs/videos may be taken and that these may be used internally. (NB – they will not be posted on any form of social media). Please tick this box to indicate your consent.

Children will not be allowed to leave alone. I agree to meet/collect my child at the end of the session.

SignedParent/Guardian Dated

Privacy Notice – a full copy of the church privacy notice is on display in the porch at St. John's Church.

BEHAVIOUR CHARTER

For the mutual benefit and enjoyment of everyone, all young people attending the youth night are asked to read, agree and sign the following charter:

I agree that I will:

- Use kind and polite words
- Be kind to others and respect everyone
- Respect church property and equipment
- Listen carefully and follow instructions
- Hand in my phone at the start of a session. *(Phones will be kept in a locked room and handed back at the end. Can only be used in an emergency)*
- Wait at the end to be collected by a parent or guardian

SIGNED:

PRINT NAME:

DATE: