



Registration and Consent Form

Full name of child/young person _____

Date of Birth: ____/____/____

Address: _____

Name of parent/carer _____

Tel/Mobile no: _____

If you do not have parental responsibility (e.g. you are a foster carer/grandparent etc) please give details of those with parental responsibility

Name(s): _____ Tel no: _____

Address: _____

Details of any regular medication, medical problem (e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc.) or disability which may affect involvement in activities:

I give permission for _____ to take part in the normal activities of this 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 Roseford Chapel 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 understand:

- If instructions have been given for my child to receive medication, this will be administered by a group leader.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- If medical assistance is required, this will be sought by a group leader.

Signed: (parent/or adult with parental responsibility) _____

Date: _____