



# 2018 REGISTRATION FORM FOR CHILDREN’S/YOUTH ACTIVITIES

[Wrist Band Number: .....] Office Use only.

Name of child/young person: .....

Age: ..... Date of Birth: .....

Address: .....

.....

Name of responsible adult/parent: .....

Mobile phone No: .....

Relationship of responsible adult to child/young person:.....

Child/youth home address (if different from above: .....

.....

Name of church: .....

### Medical/Disability Information

-any allergies: .....

-any disabilities we need to be aware of (physical/behavioural/learning): .....

- any medication (if so what): .....

-date of last anti-tetnus injection (if known): .....

Name of GP and address: .....

.....

*There are qualified First Aiders on site during ‘Momentum.’*

**Permission for Photos to be taken: yes/no** (delete where appropriate)

**Any other information helpful for leaders to be aware of:** .....

**I give permission for my son/daughter to take part in normal activities arranged for ‘Momentum’**

**Signed** (parent/carer): ..... **Date:** .....