



- South Malling
 Southover
 St. John sub Castro
 Xcite
 The HUB

Full Name of Young person:

Address:

Date of Birth:

Emergency Contact Numbers:

Home:	Parent's Mobile:
2nd Contact number:	Name of 2nd Contact:

School:	School Year Group:
Name(s) of Parents/Carer:	
Parents' Email:	

Health and Special Needs Information: *If you run out of space please state "PTO" and write on the reverse of this sheet. If None please state 'NONE'*

Doctor's Name:

Doctor's Surgery:

Doctor's Number:

Photograph and Video Consent (please tick as appropriate)

We may take photos / videos during our activities. May...

TRINITY use your child's image in internal digital publications? E.G. Slide shows

TRINITY use your child's image in printed publications? E.G. Leaflets, posters, etc...

TRINITY use your child's image on the TRINITY website?

TRINITY use your child's image on TRINITY social media? (Facebook, Twitter & Instagram)

Your child's image be used in external publications? E.G. The Sussex Express

- | | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

STATEMENT OF CONSENT:

Generally group activities remain on church property, though occasionally we may take brief local excursions as appropriate to the children's age. Where this happens details will be left at the venue in case of emergency. Parents will be informed of any major trips away to other places.

I give permission for my child to attend and take part in any youth/children's programmes relevant to for their age group as detailed in the relevant publicity and to partake in any group activities with the exception of:

If you run out of space please state "PTO" and write on the reverse of this sheet. If None please state 'NONE'

In case of illness or accident, I authorise the group leaders: (please delete as appropriate)

- To administer prescribed and non-prescribed medication/to administer first aid if necessary.
- To sign on my behalf any written form of consent if required by medical authorities, on the understanding that all effort has been made to contact me.

I understand that the leaders will take all reasonable care in looking after my child. I understand that if my child regularly misbehaves beyond control during a group activity, this could result in them being removed from further participation and require me to collect them at my own expense. I agree to pay for any deliberate damage to property caused by my child.

Signature of Parent/Carer:

PRINT:

Date: