



**Trailblazers Registration and Consent Forms**

Full Name of Child: .....

Date of Birth: .....

Address: .....

.....

.....

Details of any regular medication, medical problem e.g. asthma, epilepsy, diabetes, allergies, dietary needs, etc. or disability which may affect normal activity:

.....

Name of Parents/Carers: .....

Tel. No. Day: ..... Eve: ..... Mob: .....

Email Address: .....

Additional Contact Info (Inc. Others with Parental Care/Emergency Contacts):

.....

.....

I give permission for ..... to take part in the normal activities of this group.

- 1. My child is allowed to have a drink and a snack: YES/NO (Any Allergies)
- 2. May we take film/photo which include your child: YES/NO
- 3. May we contact you to communicate group activities, rules, termly schedules and with any extra information (Only in Relation to Trailblazers and related church activities): YES/NO

No data will be shared, all information will only be used for communication and emergency.

I understand that while involved she/he will be under the control and care of the group leader and/ or other adults approved by MPC 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, damaged or injury suffered by my child during, or as a result of, the activity. All workers 16 and above have current DBS checks.

Signed (Parent/Adult with parental responsibility): ..... Date: .....