



<p><b>For Office Use Only</b></p> <p>Form received: ____/____/2008</p> <p>Encounter I.D: ENC ____</p> <p>Receipt Number:</p>
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1 Clonallon Court, Belmont Road, Belfast. BT4 2AB – Tel: 028 9080 8380

**Registration & Parent Consent Form – Please complete ALL sections**

I wish to take part in the ‘**Hope Revolution Project**’ and enclose **£5** Registration fee

Please Tick Appropriate Boxes:

Cheques payable to: Strandtown Baptist Church

- Prayer Walk (16<sup>th</sup> May)     **Community Action Project** (23<sup>rd</sup> & 30<sup>th</sup> May)  
 Family Fun Day (Sat 7<sup>th</sup> June)    T-shirt size \_\_\_\_\_

Full name: \_\_\_\_\_

Name by which you choose to be known: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_

Home telephone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Email: \_\_\_\_\_ Y.P.Mobile: \_\_\_\_\_

Who has parental responsibility? (Over 18’s put down emergency contact)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone numbers:  
 Home  
 Work  
 Mobile

Telephone numbers:  
 Home  
 Work  
 Mobile

Relationship

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I give permission for my young person to take part in the **ticked activities** and participate in all its activities

### Medical Information

Young person's registered GP: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Please state date of last anti-tetanus injection: \_\_\_\_\_

*Whilst in our care it is important we know whether your child:*

Suffers from any allergies **YES/NO** \_\_\_\_\_

Is on any medication **YES/NO** \_\_\_\_\_

Has any health condition or disability that we should know about **YES/NO**

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### Declaration

I will inform the leaders of any important changes in my young persons health, medication or needs and also any changes to our address or to any of the phone numbers given above.

I give permission for my son/daughter 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 leaders Leader and/or other adults approved by the church leadership and that, while those in charge of the group will take all reasonable care of the young people they cannot necessarily be held responsible for any loss, damage or injury suffered by my young person during, or as a result of the activity.

In the event of illness or accident, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my young person should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

During the time your young person will spend with us, photographs may be taken for general church purposes and for this we need your permission. **On signing this form we will assume you have given your permission for your young person's photograph to be taken unless otherwise informed.**

I confirm that the above details are correct to the best of my knowledge.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**(Parent or adult with parental responsibility)**

Please note that those with parental responsibility can only sign this declaration (eg. This does not include a foster carer)