



EXCELERATE YOUTH, 10-14S

SANDYLANDS METHODIST CHURCH
Wednesday evenings (fortnightly) 7.45pm - 9.15pm

(please use a separate form for each child)

Young Person's full name.....Date of birth.....

Address.....

.....Post Code.....School Year.....

Home Telephone Number.....Parent's Mobile

Emergency Contact Name

Emergency Contact Number

Any known allergies or conditions, or dietary needs?.....

Doctor's name and surgery.....

I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Parent/Guardian's Signature

Print Name & Date

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PHOTOGRAPHS

DATA PROTECTION

During the Youth Club, photographs may be taken on behalf of the Methodist Church for future publicity purposes. Your child's attendance at the event will be taken as permission by the parent/guardian for the child to be photographed at this group event.

We are required under the Data Protection Act 1998 to inform you that the information you give us about your child will be stored securely either on computer or card index. No information so stored will be passed on to any other person or organisation without your written permission.