



Registration Form

Sunday nights from 7:30 – 9:00pm in Holy Trinity Church

Name: _____

Address: _____ Post Code: _____

Email: _____

Age: _____ Date of Birth: _____ Male/Female: _____

Parent/Guardian: _____ Contact Numbers: _____

Emergency Contact: _____

I give permission to (student's name) _____ to become a member of Seed Youth Fellowship, meeting on Sunday from 7:30pm – 9:00pm in Holy Trinity and to participate in all the activities of the Organisation, and know of no medical reason why he/she should not do so (see below). It is my understanding that my specific consent will be sought for any additional activity outside the above days, times, and venue.

Please indicate below if the above student suffers from any medical condition or allergies (specifying any medication he/she may be taking) and/or any special dietary needs about which the leaders of Seed should be informed:

As with latest crimes against children and young people, and under the Safe Guarding Trust Legislations, we would like to ask your permission to take photographs of your children and put them up on the Seed YF church notice board and Facebook page and/or other promotions.

Please tick for permission: _____

We are happy for our details to be shared for other church events: Yes or NO

I give permission for basic first-aid to be administered to (Student's name) _____ in the event of him/her being taken ill or injured during a meeting of Seed YF. If surgical operations or serum injections are needed, I hereby authorise the leader in charge to sign any required consent forms on my behalf, provided the delay to obtain my signature might endanger his/her safety.

Parent/Guardian Signature: _____ Date: _____

(This signature grants permission for entire page, unless photograph line is not ticked)

Consent must be provided by the person with parental responsibility.

