



FUSION/YOUTH REGISTRATION FORM: Newbury Baptist Church (NBC)

Please complete and return to : Kim Babb, Newbury Baptist Church, Cheap St, Newbury RG14 5DD.

General Information

NAME OF CHILD: _____ Likes to be known as _____

ADDRESS : _____

_____ POSTCODE: _____

HOME TELEPHONE NO: _____ Email: _____

Name of School: _____ D.O.B: _____ Current School Year _____

Medical Information

NAME OF GP: _____ TELEPHONE NO: _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

ADDRESS: _____

_____ POSTCODE: _____

CONTACT NUMBERS: _____ RELATIONSHIP TO CHILD _____

Date of last anti-tetanus injection (if known) _____

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

Suffers for any allergies _____

Is on any medication _____

Has any health condition or disability we should know about _____

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic: **YES / NO** (please circle)

Declaration

I give permission for my son/daughter to take part in the normal youth activities of NBC **YES / NO** (please circle).

I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the groups

Photography Policy

I hereby give permission for photographs or video recordings to be taken of my child. I understand that such material may be archived or used for publicity but our church will not be identified by name and material will not be placed on the church website without my additional specific consent. My permission will continue until my child reached the age of 18yrs, unless I otherwise give notice. **YES / NO** (please circle)

SIGNED _____ (Parent/Guardian) DATE _____

PRINT _____ (Parent/Guardian) DATE _____

Contact Email Address: _____

Contact Telephone number: _____