

## MERSEA BEACH CLUB REGISTRATION FORM

**Please complete in BLOCK LETTERS**

<b>CONTACT DETAILS AND INFORMATION</b>						
Young Person Name	JOHN SMITH	Age	12	School Year	8	
Young Person Name	JOE SMITH	Age	4	School Year	EY	
Young Person Name	HOLLY SMITH	Age	3	School Year	-	
Address	123 MAIN ROAD WEST MERSEA ESSEX					
Post Code	CO5 8AB					
	Parent/Guardian Contact		Second/Emergency Contact			
Name	ADAM SMITH		MEGAN BLOGGS			
Relationship to Child	FATHER		GRANDMOTHER			
Home Phone	01206 123456		01206 234567			
Mobile Phone	07123456789		07234567891			
<b>MEDICAL/OTHER INFORMATION</b>						
Please provide details of any <ul style="list-style-type: none"> <li>Medical Condition or Disability</li> <li>Allergies</li> <li>Dietary needs</li> <li>Special needs</li> <li>Anything else we need to know?</li> </ul> For any of the above young people with their name to clearly identify them.		JOE SMITH: HAS ASTHMA SO CARRIES AND INHALER.  HOLLY SMITH: IS LACTOSE INHOLERANT SO ALL FOOD ITEMS MUST BE CHECKED BEFORE CONSUMPTION.				
<b>CONSENT</b>						
In an emergency, if you cannot be contacted, do you give permission for your child to receive first aid, necessary hospital and dental treatment, including anaesthetic?					Yes	<del>No</del>
Do you give permission for photos being taken of your child and being used (unnamed) for local display or publicity and on the church website? See the note on photos in the information leaflet.					Yes	<del>No</del>
For the 11+ group only a video is made – do you give permission for your child to appear in the video and being used (unnamed) in West Mersea Free Church Sunday service?					Yes	<del>No</del>
I agree with the privacy statement as detailed in the information leaflet. This is for data protection purposes.					Yes	<del>No</del>
I give consent for my child to receive a Christmas card from Beach Club					Yes	<del>No</del>
Parent/Guardian Print and Sign Name	ADAM SMITH					
Date	32/06/2018					