

## MERSEA BEACH CLUB REGISTRATION FORM

**Please complete in BLOCK LETTERS**

<b>CONTACT DETAILS AND INFORMATION</b>			
Young Person Name		Age	
Young Person Name		Age	
Young Person Name		Age	
Address			
Postcode			
	<b>Parent/Guardian Contact</b>	<b>Second Contact</b>	
Name			
Relationship to Child			
Home Phone			
Mobile Phone			
<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.	<i>Please complete overleaf if necessary</i>		
<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	No
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	No
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	No
I agree with the privacy statement as detailed in the information leaflet. This is for data protection purposes.		Yes	No
I give consent for my child to receive a Christmas card from Beach Club		Yes	No
Parent/Guardian Print and Sign Name			
Date			