

Children's activity registration form – Trinity Church Sunderland

Full name of child.....

Date of birth of child.....

Address.....

Phone number.....

Email address

Details of any known conditions, allergies, etc (eg. asthma, diabetes)

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Name and telephone number of GP.....

Names of adults who will normally collect child

.....OR.....

Alternative emergency contact name and phone number.....

By signing the form below, you confirm that you have read and agree to the following statements:

I give permission for my child to take part in activities run by Trinity Church Sunderland. I understand that he/she will be under the control and care of the group's leader and other adults approved by the church and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic.

I give permission for the details I have provided about **my child** to be stored and accessed by DBS checked children's leaders and the safeguarding officers, for their safety.

I give permission for the information I have provided about **myself** to be stored, accessed by DBS checked children's leaders and the safeguarding officers, and used to contact me in an emergency. This information about my child and me will not be passed on to any other organisations. We will keep this information until the child reaches 18 years in age, unless you tell us otherwise.

In addition to the above statements:

I wish to receive information about children's events that are organised by Trinity Church Sunderland.

(Please circle) yes no

I wish to receive information about other occasional events that are organised by Trinity Church Sunderland.

(Please circle) yes no

I give permission for Trinity Church Sunderland to occasionally contact me using the following methods for the purpose of informing me about these events.

(Please circle) phone number email postal address none please

I give permission for photographs (or video recording) to be taken of my child. Such material may be archived or used for publicity but your child will not be identified by name.

(Please circle) yes no

I give permission for contact to be made with my child via mobile phone/Facebook as appropriate. (eg. youth group information for older teenagers)

(Please circle) yes no

Signed.....

Date.....



Unless you otherwise give notice, the information you have provided will be retained until your child turns 18. You can change your mind about any information you submit, or request that we destroy your data, by contacting us at any time on info@trinitychurchsunderland.org.

Twitter: [@tcsunderland](https://twitter.com/tcsunderland)
Email: info@trinitychurchsunderland.org
Website: www.trinitychurchsunderland.org
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