



Sparks and Stories Holiday Club
Sawston Free Church Tue 30th July – Fri 2nd Aug August 2024



REGISTRATION & CONSENT FORM

Details of young person

First Name: _____ Last Name: _____ Male/Female: _____

Address: _____
_____ Postcode: _____

Date of Birth: _____

Doctor's name, address & telephone number: _____

Current medical conditions/illnesses (including asthma, allergies, migraine, diabetes, epilepsy, etc):

Any medication currently being taken: _____

Any additional needs (e.g. special dietary requirements, disability, etc):

Please fill in this information, if you know it: Blood Group: ____ Date of last anti-tetanus injection: _____

Contact Details of parent/carer/person legally responsible for young person

Name: _____ Relationship: _____

Address: _____

Home phone: _____ Other phone: _____

Email address: _____

Details of alternative emergency contact

Name: _____ Relationship: _____

Home phone: _____ Other phone: _____

Give details of the adult who will be collecting your child at the end of each session

Name: _____ Phone number: _____



Sparks and Stories Holiday Club

Sawston Free Church Tue 30th July – Fri 2nd Aug August 2024



General consent

Please read these statements and make sure you understand them. It is important that a parent, guardian or someone with legal responsibility for the young person sign these statements.

I give consent for _____ to attend and take part in Sparks and Stories Holiday Club. I acknowledge the need for them to behave responsibly and to take note of any safety instructions.

I understand that while involved they will be under the care and supervision of the approved adult workers appointed by the church. While these workers will take all reasonable care of the participants, they cannot necessarily be held responsible for any loss, damage or injury suffered during, or as a result of, the activity.

In the event of illness or accident requiring emergency treatment, I give my consent for my child to receive emergency dental, medical or surgical treatment as considered necessary by medical professionals. I understand that every effort will be made to contact me before any action is taken. In the event of minor injury, I give my consent for my child to receive first aid and understand that I will be informed after the event.

Signed: _____

Date: _____

Photography and video

From time to time, designated adults at the session may take photographs or videos of the participants to provide a reminder of the event for those involved and to use on church displays, posters and flyers, church website, and occasionally in the local press. Photos or videos used publicly will focus on activities and groups rather than individuals; they will not show the outside of an identifiable building and participants will not be named or linked with any personal details. Photos or videos will not be taken if the participant is themselves unwilling. Photographs and video material may be used by the church and by the United Reformed Church Children’s and Youth Work team at Church House.

No photographs will be taken by participants in the holiday club other than those leaders designated as official photographers for the event.

Are you happy for photos / videos to be taken of the participant named on this form? Yes / No

Please circle Yes or No to make clear in which ways you are willing for them to be used:

Displays within the church	Yes	No
Publicity (e.g. posters/flyers) for future holiday clubs	Yes	No
Church or URC official Website	Yes	No
Church or URC official social media	Yes	No
Press	Yes	No

I give consent for photos/videos of the participant named on this form to be used, as above.

Signed: _____

Date: _____

GDPR

For further information on how your personal information is processed, please see our Data Privacy Notice which is available from Maggie Jones holidayclubcts@gmail.com.

PLEASE RETURN COMPLETED FORM & £5 FEE PER CHILD TO 21 Hillside, Sawston, CB22 3BL.