**Registration/Parental Consent Form**

**For one-off Specified Group Activities**

**Thy Kingdome Come @ FUSE 19th May ’24**

**A Prayer and Worship Event for 11-18yr olds**

**There will be live streaming at various points during the act of worship with non-streaming zones available**

**To be completed by the Parent/Guardian and Young Person if aged over 13.**

Name of parish………………………………………………………………………………

Name of group……………………………………………………………………………….

Name of group leaders………………………………………………………………………

Specified activities **Worship, Prayer activities with Live Streaming to other locations across the country. A Tuck shop will be available. Travel to and from St Margarets, rain ham organised by local leaders.** **Non-streaming zones will be available and clearly signposted. Presided by the Most Reverend Justine Welby Archbishop of Canterbury.**

**Parent(s)/Guardian(s)**

**Please read and complete the following sections.**

Full name of child ………………………………………………. Date of birth …………….

Home address ………………………………………………….……Postcode ……………

Telephone number ………………………………. Email ………………………………….

Name of parent(s)/guardian(s) ……………………………………………………………….

Medical details of the child ……………………………………………………………….......

……………………………………………………………………………………………………

Name and telephone address of doctor ……………………………………………………….............………………………………….

 Page1/2

Whilst your child is in our care it would be helpful for us to know whether he or she suffers from any medical conditions, allergies or phobias or is on any medication?

……………………………………………………………………………………………………

If your child is taking medication, does he or she need to carry the drugs on their person?

……………………………………………………………………………………………………

Is there any activity that your child should not be allowed to participate in?

……………………………………………………………………………………………………

**Consent**

Full name of parent(s)/guardian(s) …………………………………………………………

I agree to any emergency medical treatment as considered necessary by the medical authorities if I cannot be contacted.

My child will be brought and collected from the group Yes/No\*

My child has permission to travel to and from the group without me Yes/No\*

My child will be in possession of a mobile phone Yes/No\*

If in possession of a mobile phone I am aware that this will be taken away throughout the night to reduce disruption and observe individuals’ privacy.

**FOR PARENTS & GAURDIANS WITH CHLDREN UNDER 13**

I agree to images of my child taking part in the activities to be used within the church community and for possible publication including newspapers or internet Yes/No\*

\*(delete as applicable)

I agree to my child being involved in a live streamed act of worship whist at the event

Yes/No\*

\*(delete as applicable)

Page2/3

**FOR PARENTS & GAURDIANS WITH CHLDREN 13-17yrs old – THE CHILD FILLS OUT THE FOLLOWING**

I agree to my image being taking whilst taking part in the activities to be used within the church community and for possible publication including newspapers or internet Yes/No\*

\*(delete as applicable)

I agree to myself being involved in a live streamed act of worship whist at the event

Yes/No\*

\*(delete as applicable)

**I give consent to my child attending the above and taking part in the specified activities**

Signed………………………….… Date………………

Emergency contact details if different from above

………………………………………..…………………………………………………………..

Page3/3