

Under 18s Registration Form

Child's Details

First Name:

Last Name:

Preferred Name:

Gender:

Date of Birth:

Please give details of any medical information, medication, allergies etc:

Parent/Guardian Details & Consent

Name:

Relationship to Child:

Phone Number:

Email:

Address:

Postcode:

I understand that Plymouth Vineyard Church will take all reasonable care in looking after my child but they cannot be held responsible for any loss or damage to property.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so, I give permission for my child to undergo emergency medical/dental treatment, including the use of anaesthetics, as considered necessary by the medical authorities.

Videos and photographs of young people attending Plymouth Vineyard Church activities may be taken by participants and staff. Please tick here if you **do not** wish us to use these for publicity purposes:

Please keep me updated about future events by: Email Phone Post

Parent/Guardian's Signature:

Date:

All personal data will be processed in accordance with our Privacy Notice, available at:
www.plymouthvineyard.org.uk/privacy-notice/