## **Under-18s Registration Form**



This form is to be completed for each child taking part in any regular on-site group activity organised by All Nations Christian Centre. You must hold parental responsibility for the named child. Please complete this form in BLOCK CAPITALS.

About Your Child				
Full Name		Date of birthDD /		MM / YYYY
Address		Sex	Male	Female
		(Year 7+ only)		
Postcode		Mobile Tel.	***************************************	
	ny allowaice modical av additional people (places cont	Email		
Details of any allergies, medical or additional needs (please continue overleaf if necessary)				
About You Secondary Contact				
Full Name		Full Name		
Home Tel.		Home Tel		
Mobile Tel.	N	lobile Tel		
Email		Email		
Relationship	Rel	ationship		
Consent				
I consent to photographs/videos being taken of my child for internal presentations				
I consent to photographs/videos being taken of my child for external publicity (inc. social media)  Yes  No				
Year 7+ only				
I consent to my child receiving automated reminders if they serve on a team  Yes No  I consent to my child being contacted by their group leader using the details above  Yes No				
I consent to my child making their own way home when the group has finished  Yes No				
I consent to my child being added to selected group social media platforms (e.g. WhatsApp)  Yes No				
Declaration				
I confirm that the above details are complete and correct to the best of my understanding.				
<ul> <li>I consent to All Nations Christian Centre holding and processing the supplied information in conjunction with our Data Privacy Policy (which can be found at www.allnationselim.org/dataprivacy).</li> </ul>				
<ul> <li>In the unlikely event of a medical emergency and I cannot be contacted, I consent to my child being given hospital treatment, including anaesthetic if necessary.</li> </ul>				
• (Year 7+ only) I understand that I can request access to communication shared electronically by the team to my child.				
Signature		Dat	te	