



Club One Registration Form 2019

PLEASE BRING TO REGISTRATION ON DAY OF ARRIVAL

Please use BLOCK CAPITALS

For Yes/No questions, please **tick as appropriate**

Please complete a **separate form for each child**

WHICH EVENT?

United Week 1

United Week 2

CHILD'S DETAILS

Surname: First name: Preferred first name:

Sex: M / F DOB: Age at 31 August 2018: years months

Child's birthday during event: Yes / No

Parent/On site guardian's name: Booking ref:

Mobile number: Camping village: Church group:

Day visitor: Yes / No Team member? Yes / No If yes, which team:

GP's name & contact details:

Tel number:

Please give names of any siblings your child has and which group they are in:

HEALTH

Allergies (to food or drink, and any other intolerance your child has):

Emotional/behavioural needs (please give details):

Additional needs (please give details):

Have you completed an Additional Needs Form? Yes / No

Epi-pen required? Yes / No Inhaler(s) required? Yes / No

Can we apply hypoallergenic plasters? Yes / No

Any other information you feel we need to know about your child:

PHOTO CONSENT

There will be official filming and photographers on site at our summer conferences. Children may feature in these photos/videos, which will be used for promotional purposes on our website and magazine. New Wine does not share photos with any individuals or organisations not associated with New Wine.

If you DO NOT wish your child to be filmed or photographed during the event, you must submit a letter to your child's Team Leader when you register stating this.

COLLECTION FROM CLUB ONE

I give authorisation for my child (**12-13yrs**) to: - leave their group alone - be collected by an adult

If you change your decision during the week, please inform the group leader in person or in writing.

PARENTAL RESPONSIBILITY

Please give details of anyone else who has parental responsibility for the child named overleaf who is not on site but we may need to contact?

Full name:

Relationship to child:

Address:

Phone number:

Full name:

Relationship to child:

Address:

Phone number:

DECLARATION

I am the person with parental responsibility on site during the event for the child named overleaf and I agree to abide with the policies and procedures of the New Wine children's group. I understand that the information used in this form will be used by New Wine staff to help them in fulfilling their roles in looking after children while in their care.

Signed:

Full name:

Relationship to child: Parent / Guardian / Other (please state):

Date:

EMERGENCY DECLARATION

I consent to any emergency medical treatment necessary during the session. I authorise the children's team to sign any written forms of consent required by the hospital if the delay of getting my signature is considered by the doctor to endanger my child's health and safety.

Signed:

Full name:

Relationship to child: Parent / Guardian / Other (please state):

Date:
