

Under 14s Registration Form 2018

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 AND GROUP?

United Week 1

United Week 2

Gems 0-2 years

Pebbles 3-4 years

Ground Breakers 5-7 years

Rock Solid 8-9 years

Boulder Gang 10-11 years

Club One 12-13 years

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 _____

If no, and your child has additional needs, please contact our office for details on completing a form before the start of the conference.

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:

GEMS ONLY

Is your child breast fed? Yes / No

May your child's nappy be changed? Yes / No

CHILDREN'S PHOTOS

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 GROUPS

I give authorisation for my child (aged 0-7) to be collected by one of the following adults:

N.B. Please ensure you **include your name** if you wish to collect your child.

1) Name:	Booking ref:	Camping village:
2) Name:	Booking ref:	Camping village:
3) Name:	Booking ref:	Camping village:

I give authorisation for my child (aged 8-13) 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: