



Registration Form 2018-19

Please complete one form per child in **BLOCK CAPITALS**

To book your child's place at X:site please complete this form and return it ASAP.

CHILD'S DETAILS

Child's name: _____ Boy / Girl (please delete one) _____

One friend your child wishes to be in a group with: _____

Address: _____

Home telephone: _____ Postcode: _____
Mobile: _____

In emergency use home / mobile / Another contact if no reply?(please circle) _____

Contact email address: _____

School: _____ School

year: _____ Child's date of birth: _____

Church/School Christian Club your child attends if any: _____

HEALTH

Are there any special health details we should be aware of? (for example allergies, asthma, special needs):

What is the name and telephone number of your child's doctor? _____

DECLARATION

Name of parent/carer: _____

Yes / No	I declare that I am the person with parental responsibility for the child named in this form. I understand the information provided in this form will be used by the X:site team to help them in fulfilling their roles in looking after my child in their care. I give permission for my child to attend X:site and to take part in all its activities and I understand for these reasons that it is necessary for X:site to hold sensitive data on my child.
Yes / No	In the unlikely event of an accident I give my permission for any necessary medical treatment to be given by the nominated first aider. In an emergency and if I am not contactable, I am willing for my child to receive hospital treatment including an anaesthetic (I understand that X:site will always try and contact me in the first instance).
Yes / No	Photographs and/or video may be taken at the event. I understand that these may be used internally, in promotional material, on social media or on online to promote the work of X:site and Scripture Union. We will never name a child in a photo without explicit parental consent

I consent to be contacted about future events by:

Email

Post

SMS

Signed: _____ (Parent/ carer) Date: _____

**Please return this form to: X:site Keighley, 283 Bradford Road, Riddlesden, BD20 5LD
Telephone: 07963147404**