Saron Kids – Registration and Consent Form

Child's Details

Full name	
Date of birth	
Address	
Medical information:	*Details of any medical conditions or allergies*
Need to know information:	*Things that may be important for our volunteers to be aware of.*

Parents/Guardians Details

	Parent/Guardian 1	**Parent/Guardian 2**
Name(s)		
Relationship to child		
Address		
Telephone number		
Email address		

I give permission for _____ in normal activities at Saron Chapel Crynant. I understand that separate permission will be sought for certain activities, including outings lasting longer than the normal hours of the group. I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the volunteer in charge will take all responsible care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity.

In an emergency and/or if I am not contactable, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic.

YES ☐ NO ☐ (please tick)

Signed (parent/guardian):

_____

Date: _____

<u>Photograph and Video Permission</u>

Saron Kids will, from time to time, take photographs and video to record activities and events. We would very much like to be able to share these with you as parents/guardians both on our website and social media, as well as displays in the church building. Please sign the consent below to enable us to do this.

I hereby give permission to Saron kids to use any still and/or moving image being video footage, photographs and/or frames and/or audio footage depicting my child named above, in displays in the church building, the website and social media. I understand that their names will not appear alongside their image.

Signed (parent/guardian):

_____

Date: _____