

LiFE Zone Registration Form

Childs Name.....**Date of Birth**.....

Address.....

Postcode.....**Contact Number**.....

Extra Contact Name.....**Contact Number**.....

If you do not have parental responsibility give details of those with parental responsibility .

Name.....

Address.....

Contact Numbers.....

Medical Information

Please give details of regular medication, conditions or allergies which may affect normal activity

.....

Are immunisations up to date? **Yes** **Don't know** **No**

Name of doctor.....

Practise address and telephone.....

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.

Signed..... (Parent/other adult with parental responsibility).

I give permission for my child to take part in the activities of the group. I understand that s/he will be under the care of the group leader and/or other adults approved by the community church leadership. I acknowledge the need for responsibility behaviour on my child's part, as outlined in the positive discipline policy.

I understand that LifeZone is a closed access facility and my child will not be able to leave the premises with out the consent of a leader or collected by the person/people noted in the collection details below.

Signed..... (Parent/other adult with parental responsibility).

My child will be collected by.....Or.....

Or FOR CHILDREN AGED 11+

.....is free to sign him/herself out at the Zone end, as agreed by

Signed.....(Parent/other adult with parental responsibility).

Please let us know if these details have to be changed Hull Community Church 01482 470125

Photographic Permission

During LifeZone photographic or video images may be taken of children.

These may be used in the group, for displays about the group's work , for LifeZone evaluation or publicity purposes.

I give permission for recordings of images of my child and there use within and outside the group's normal activities.

Signed..... (Parent/other adult with parental responsibility).