



# Registration – Parental Consent

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian name/s: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Alternative Emergency Contact Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h)(w)(m): \_\_\_\_\_

Other relevant information:

(Please mention any medical conditions, allergies, medications, special needs or dietary requirements)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this registration requires my child to follow directions and behave in a positive manner at all times.

I agree to my son/daughter taking part in the \_\_\_\_\_  
*Name of activity*

Activity based at \_\_\_\_\_  
*Location*

I agree for my son/daughter having their photograph taken and being shown in the \_\_\_\_\_ Church community.

I agree to the images being published in Parish or Diocesan websites or publications.

**When the session is finished: (please tick appropriate box)**

I will collect my child.

\_\_\_\_\_ will collect my child.

I am happy for \_\_\_\_\_ to make his/her own way home.

**Declaration**

In the event of an illness or accident, every effort will be made by the event leader to contact me. If for any reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency medical treatment as considered necessary by the medical authorities present.

Signed: \_\_\_\_\_ (Parent/Guardian)

Date: \_\_\_\_\_