

REGISTRATION & MEDICAL FORM

CF-XTRA

Event details

Name of event:

Venue:

Event fees

I have paid online

I enclose a cheque

Details of participant

Name:

Age at event:

Mobile number:

Date of birth:

Address:

.....

.....

Church:

Contacts in case of emergency

Name and relationship to participant of contact 1:

Name and relationship of contact 2:

.....

.....

Mobile number:

Mobile number:

Any allergies, illnesses or other medical conditions of which we need to be aware:

.....

.....

Self-medication required:

If you wish us to look after any medicines and supervise their use, please list them below:

Medicine: Dose: Frequency:

Medicine: Dose: Frequency:

Please note that we are unable to administer any medication but may supervise you or your child in taking the medication themselves.

Doctor's name and address:

.....

NHS Number: Date of last Tetanus injection:

Any dietary or other needs:

.....

.....

PLEASE TURN OVER

Signed permission for under-18's

If for any reason I cannot be contacted in an emergency, I give permission to the appointed staff member, or their representative, to authorise any urgent medical attention necessary until I can be contacted.

I understand that **my son/daughter's*** safety may depend on following leaders' instructions and I take responsibility for their good behaviour throughout the event. (** delete as appropriate*)

Use of photographs

From time to time, CF-XTRA uses photographs and video footage of events to report and promote its programme. We need your permission to use images in which they might be identified (such as individual 'portraits' or small groups).

Photographs may be used in print or on a website. Individual under-18's will not be identified by name unless they hold an office in CF-XTRA. It is Congregational Federation policy only to use appropriate images of children and young people.

Photographs including my **son/daughter * can be used/cannot be used *** in images publicising CF-XTRA and its programme. (** delete as appropriate*)

Communication between events

We like to write and/or use e-mail to communicate with CF-XTRA members between events with mailings such as newsletters and publicity for future opportunities. Addresses will be held securely by the Congregational Federation.

I give **permission/do not give permission*** for CF-XTRA to contact my **son/daughter*** directly. If you also give your permission for us to use e-mail please fill in the appropriate address below:

e-mail:

Signed: (Parent/Guardian*) Date:

Signed agreement for 18+

In an emergency, I give the appointed staff member, or their representative permission to authorise any urgent medical attention necessary if I am unable to do so myself.

I **give/do not give*** CF-XTRA permission to take photographs which include me at this event and to use them in print or on a website to report or promote its programme. (** delete as appropriate*)

We like to write and/or use e-mail to communicate with CF-XTRA members between events with mailings such as newsletters and publicity for future opportunities. Addresses will be held securely by the Congregational Federation.

I give **permission/do not give permission*** for CF-XTRA to contact me directly. If you also give your permission for us to use e-mail please fill in the appropriate address below:

e-mail:

Signed: Date:

Please return to:

CF YOUTH AND CHILDREN'S OFFICE,
HEATON PARK CONGREGATIONAL CHURCH,
BAILEY STREET, MANCHESTER, M25 1HQ.

ycadmin@congregational.org.uk