

# NATIONAL ASSEMBLY YOUTH & CHILD REGISTRATION FORM

## Details of participant

Name: .....

Date of birth: .....

Age at event: .....

Address: .....

.....

.....

## Contacts in case of emergency:

Name of parent/guardian:

Name of alternative contact at Assembly:

.....

.....

Mobile number: .....

Mobile number: .....

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

.....

.....

.....

Self-medication required: .....

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

Doctor's name and address: .....

.....

Date of last Tetanus injection: .....

## Any dietary or other needs:

.....

.....

(N.B. The day programme does not include the lunch interval. Lunches can be ordered on your church's Assembly booking form. Only food purchased on the premises can be consumed there.)

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, the Congregational Federation uses photographs and video footage of events to report and promote its programmes. 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. 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 Youth and Children's programmes. (*\* delete as appropriate*)

Signed: ..... (Parent/Guardian\*)      Date: .....

*The information you supplied is held for that purpose only and will not be shared with any third party. The submission of this form and the information contained therein indicates your acceptance of the Congregational Federation retaining this information where it will be held and processed securely.*

*You can find out more about how we use your data from our "Privacy Notice" which is available from our Congregational Federation Office or the CF website.*

*You can withdraw or change your consent at any time by contacting the Congregational Federation Office. Please note that all processing of your personal data will cease once you have withdrawn consent, other than where it is required by law, but this will not affect any personal data that has already been processed prior to this point. Data will be stored on a password protected computer or locked filing system and deleted in accordance with guidelines.*

### Please return to:

CONGREGATIONAL FEDERATION,  
8 CASTLE GATE, NOTTINGHAM NG1 7AS.

[admin@congregational.org.uk](mailto:admin@congregational.org.uk)