

ILLUMINATE REGISTRATION FORM

Yr 6 - 9



(This information will only be made available to those leading the groups)

DETAILS	
Name of Young Person	Date of Birth
Address	
Postcode	
School	
Home Tel No.	
Parents Mobile Tel No.	
Parents Email Address	
Do you give permission for St Paul's Youth leader to contact your son/daughter regarding church activities? (please circle all that are acceptable)	
via. parents email/their own email/home phone/their own phone/social media (please circle all agreed to)	
Young Persons Mobile Tel No.	
Young Persons Email Address	

ADDITIONAL & MEDICAL DETAILS		
Does your child have an additional needs?	YES	NO
Please give details		
Does your child have any medical conditions that we should be aware of ? (e.g. Asthma, Allergies, Epilepsy, Diabetes)	YES	NO
Please give details		

PERMISSION	Please tick to give consent:
I give permission for my child to attend the groups listed above and to participate in any associated activities	
I give my consent for First Aid to be administered by a qualified person should I not be contactable in an emergency.	
I give permission for my child to make their own way home after illuminate youth club	

MEDIA PERMISSION				
During the course of our children's and youth work & other church activities, photographs/videos maybe taken. Please tick to consent for your child's:				
photo being taken		having video taken		photo used on church website
photo displayed		video used in church		
Parents Signature		Print Name		Date