

ANNUAL YOUTH REGISTRATION RECORD 2010

DETAILS OF YOUNG PERSON

Name: *(Please underline chosen first name)*

Date of Birth:

School/College: Year Group:

E-Mail Address: Mobile No:

Please indicate: Baptised Holy Communion Confirmed

HOME ADDRESS

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PARENT/GUARDIAN CONTACT DETAILS

Parent/Guardian Name:

E-Mail Address:

Home No: Work No:

Mobile No:

Of another close relative/friend (please give relationship)

MEDICAL INFORMATION

Does your child suffer from any ongoing or recurring illness?

Does your child take any regular medication?

Does your child have any phobias, disabilities or known allergies?

Does your child need an Epipen? Yes/No

Date of last tetanus injection:

Does your child have any special dietary requirements?

Any other information relating to your child's health which Leaders should be aware of:

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DOCTOR'S CONTACT DETAILS:

GP Name:

Address:

Telephone No:

PERMISSION FOR GROUP ATTENDANCE:

Please indicate group (s): Lasers / Blog / Cell

My child will be brought to and collected from the group. Yes/No

My child has permission to travel to and from the group without me: Yes/No

PHOTOGRAPHS:

I give permission for photographs of my child to be taken for internal publication only: Yes/No

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Parent /Guardian signature: