## **IGNITE Registration & Parental Permission Form**

**Fatherless Barn Evangelical Church**

**Child’s Details:**

Surname: ­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_/\_\_/\_\_

Child’s address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child suffer from any medical condition or food allergy that we should know about (in particular: asthma, epilepsy, nut or other allergies or other medical conditions that might be brought on by the club’s activities)? Yes / No \_\_\_\_\_\_\_\_\_

If Yes, please give details:

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

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**We collect your personal information for the purpose of ensuring you child's safety at IGNITE and in order to contact you in case of an emergency. We may also need to contact you in the event of IGNITE being cancelled or changed. Your details will be stored securely according to new data protection regulations. They will not be shared by FB Church with other organisations or third parties unless required to do so by law. If at any time you want your information to be removed from our records please inform us and we will do so as soon as possible.**

 To comply with current date protection regulation, permission must be granted by the parent/carer before any images of your child are taken and used. Please answer questions 1, 2 , 3 and 4 below.

**To the parent**

1. May we take images of your child during activities of the group

 for use in presentations at FB Church? YES/NO

1. May we use your child's image in our printed publications? YES/NO
2. May we use your child's image on the FB Church website? YES/NO
3. May we use your child's image on the FB Church Facebook page? YES/NO

Only photographs of children whose parents have granted permission will be used by FB Church. When using photographs of children, FB Church will use group pictures and will not identify them by name or other personal details.

Do you give your permission for us to contact you for thepurpose of inviting your child / children to future events at FB Church?

Yes / No: \_\_\_\_\_\_\_

I give permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of child) to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meetings of the group. I understand that while involved he/she will be under the control and care of the group leader and/or adults approved by the FB Leadership and that, while the workers in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic (please tick) YES NO

Parent’s / Guardian’s Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s / Guardian’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The information requested on this form can be completed by a Carer, but only those with parental responsibility can sign the consent (NB This may not include foster carer)

Fatherless Barn Evangelical Church’s Charity Number: 518320