

Coopers Edge Baptist Church – Friday Club Registration Form 2022/2023

Childs's Name	Date of Birth	School Year	Medical information we should be aware of

Parent/Carer's Name	Phone No
Address	
Additional Emergency contact name	
Phone No	

I will collect my child/children at the end of the session	OR (delete as applicable)	I am content for my child/children to walk home on their own
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- I give permission for my child/children to attend Friday Club.
- I give permission for the club to contact me to inform me of any changes or details of future events at the club or church.
- In the unlikely event of illness or accident, I give permission for appropriate first aid to be given. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.
- The reason for collecting this information is to obtain consent to attend and emergency contact details. You have the right to access, correct and delete the data held on you and your child/children. However, deleting this information would mean that your child/children can no longer attend the club.
- I give my permission for you to collect and process this data in accordance with the Data Protection Act 2018. It will be held securely, not divulged to third parties, unless required to do so by law, and destroyed securely when it is no longer required.

Signature of Parent/Carer	Date
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