

Xperience Form 2018-19



Child's Full Name	Sex M/F
Date of Birth	School Year
School	
Parent's/Guardian's Full Name	
Address:	
Post Code:	
Phone No.	
Email:	
Emergency Contact Details	
Name of Emergency Contact (Must be different from parent/guardian)	

GP's name and surgery:

Any medical conditions:

Any current medication:

Medical Details

Please continue overleaf if required

In the unlikely event of illness or accident I give permission for any appropriate first aid to be given including hospital treatment.

Signed: _____ **Date:** _____

We take your privacy seriously and will only use the information gathered in relation to church activities in line with the General Data Protection Regulations (GDPR). We would like to be able to contact you with information about the club and other suitable church events. If you consent to us contacting you for these purposes please tick to say how you would like us to contact you. For more information follow this link:- <http://www.nantcoch.org.uk/data.html>

Letter Email Phone Text

I give permission for my child to be photographed/videoed during club for use on church premises, in printed publicity, on the church website and on social media. Images will only be used in the context of church activities.	Yes/No
Signature	Date