

Cromer Church Youth Registration Form

Name of child 1

First name _____ Last Name: _____ Date of Birth: _____

Gender: _____ any medical/ social / inclusion issues we need to be aware of:

(Name of child 2)

First name _____ Last Name: _____ Date of Birth: _____

Gender: _____ any medical/ social/ inclusion issues we need to be aware of:

Parent/ Guardian details:

<u>Name and Address</u>	<u>email</u>
<u>Home phone number</u>	<u>Mobile number</u>
I am/ we are happy to receive general emails	<u>Yes/ no (please circle)</u>
I am/ we are happy to be receive general mobile text messages	<u>Yes/ no (please circle)</u>

Please delete as appropriate

I/ we give consent/ do NOT give consent for _____ to be photographed/ videoed for the church website or facebook page.

I/ we give consent/ do NOT give consent for _____ to take part in a church service presentation when livestreaming is on.

I/ we give consent/ do NOT give consent for _____ to take part in a church service without livestreaming.

Any other information that might be relevant to Cromer Church Youth
