

YOUTH REGISTRATION FORM (To be completed annually)

DEPARTMENT: YOUTH FELLOWSHIP

LEADERS: David Ball & Stephen Walker

To enable Ballykeel Baptist Church to provide appropriate care for your child (anyone under 18 years of age) who is attending one or more of the church's youth activities and respond properly to any emergencies, please complete and return this form for each child attending one or more of the Church Youth Departments. Please note that failure to provide accurate information may harm the young person and / or others! If any details change please notify the Church Child Safety Co-ordinators (Dr Colin Wilson or Mrs Carolyn Moorhead). Please note Ballykeel Baptist Church operates a policy in response to The Children (NI) Order 1995. A copy is available upon request.



Personal Details

Surname: _____ Forename: _____

Home Address: _____

Postcode: _____

Date of Birth: _____ Phone No: _____

Email address: _____ Mobile No: _____

Medical Details

Doctor's name, address and telephone no: _____

Health History. Please give us any information about your health that would be necessary for us to know. (e.g. history of epilepsy, asthma, diabetes, heart defect, hay fever, home sickness etc.):

Current Health. If you are receiving medical attention, take tablets or require injections, please give details below, if necessary obtaining relevant information from your Doctor:

Diet. If you are on a special diet please give details:

Have you received an anti-tetanus injection within the last five years: YES / NO

Parental Consent

Transport. Do you permit your child to be transported by car (YES / NO), Minibus (YES / NO) or Coach Bus (YES / NO)?

Activities. YF use a wide range of leisure activities during the year including swimming, football, tag rugby, ice skating, bowling etc. Please give details of any sport / leisure activity you do not wish your child to participate in?

In the event of an emergency, do you give consent to the young person being taken to hospital for treatment? YES / NO

I understand that while involved in activities my child will be under the supervision and care of the leaders and/or other adults approved by the church leadership. All reasonable care, however, they cannot necessarily be held responsible for any loss, injury or damage suffered as a result of the activity.

Signed: _____ Date: _____

Print Name: _____ (Parent or Guardian)

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