



**Registration Form** – to be completed for all young people attending church groups.

**Holy Trinity Church, Ashby de la Zouch: Church Group:** .....

This group meets on ..... from ..... to .....

at Trinity Church for the following activities:

.....

**Child's Details**

Full name: .....

Address: .....

.....

Telephone number: .....

e-mail: .....

Date of Birth: .....

School: .....

School Year Group: .....

Whilst your child is in our care is there any information we should know about your child e.g. allergies or if they are on medication?

.....  
.....  
.....

Family doctor's name and address:

.....  
.....

**Parent /Guardian/Carer's details and consent**

Telephone number of a relative or friend in case of emergencies if we are unable to contact you:

.....

My child will be brought and collected from the group Yes/No

My child has my permission to travel to and from the above group without me Yes/No

I agree to my child attending the above group and taking part in the specified activities.

Signed \_\_\_\_\_

Date \_\_\_\_\_  
(Parent/Guardian/Carer)

Please print name \_\_\_\_\_