

Word Alive 2020 Child Registration Form for 8-11s



INSTRUCTIONS

Please fill in both sides/pages of this form in BLOCK CAPITALS and bring it along to the venue shown in the programme. Filling in the form beforehand will help speed up registration.

1. CHILD'S DETAILS

Child's Surname:	Child's First Name:
Name child is known by:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Is it their birthday during the Word Alive event? Yes <input type="checkbox"/> No <input type="checkbox"/>	School Year:
Date of Birth:	Age Years:

2. CONTACT DETAILS

Parent's name(s):	
Mobile Phone:	Please make sure that your phone is on and set to silent during our programme
Additional Mobile:	

3. GP DETAILS

Doctor's Name:	Telephone Number:
Surgery Address:	

4. EMERGENCY OFF SITE CONTACT

Name:	Telephone Number:
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5. ARRANGEMENTS FOR THE MORNING AND EVENING SESSIONS

For the **Morning** Sessions (tick one option):

<input type="checkbox"/>	I would like a parent (or another adult) to drop and collect my child from their group table.
<input type="checkbox"/>	I am happy for my child to arrive and leave on their own.

For the **Evening** Sessions (tick one option):

<input type="checkbox"/>	I would like a parent (or another adult) to drop and collect my child from their group table.
<input type="checkbox"/>	I am happy for my child to arrive and leave on their own.

6. ADDITIONAL NEEDS

To enable your child to access the programme, please provide us here with anything that may affect their enjoyment of their time with us (e.g. allergies, health problems, special needs, educational needs, language needs, recent emotional issues such as bereavement or bullying).

7. DECLARATION

I declare that I am the person with parental responsibility for the child named in this form. I understand that the information used in this form will be used by Word Alive staff to help them in fulfilling their roles in looking after this child whilst in their care.

Signed:

Date:

Word Alive captures video and photography content of activities at Word Alive for publicity purposes available publicly online at www.wordaliveevent.org, on social media (Facebook, Twitter and Instagram), and in print.

Do you consent to the filming and photographing of your child in accordance with the uses outlined above?

I consent.

I do not consent.

In the unlikely event of an accident I give my permission for any necessary medical advice or treatment to be given by the nominated first aider. In an emergency and if I am not contactable, I am willing for my son/daughter to receive hospital treatment including an anesthetic (I understand that Word Alive team will always try to contact me in the first instance).

Signed:

Date: