



**Registration & Consent Form for  
The Parish of St Francis & St Augustine Youth Group**

**This section to be completed by Parent/Guardian**

Name of participant \_\_\_\_\_ D.O.B \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Tel No.(daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

E-mail address \_\_\_\_\_

Additional contact for emergencies \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Tel No. (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

**MEDICAL DETAILS**

Name of GP \_\_\_\_\_ Tel No \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Participants National Health No \_\_\_\_\_

Date of last tetanus injection \_\_\_\_\_

**Does he/she suffer from asthma, allergies, diabetes, epilepsy or any other medical problem that may affect normal activity? please give details of condition and treatment.** \_\_\_\_\_

**Will he/she have any medicines/tablets with them? please give details. (NB to be handed to the group leader for children under.....)**

\_\_\_\_\_

\_\_\_\_\_

## CONSENT

I give my permission for \_\_\_\_\_ to join in the Group detailed overleaf, and accept their rules and conditions

Name(s) of person(s) authorised to collect him/her from the Group

\_\_\_\_\_

**OR** he/she may leave the group unaccompanied.

I consent for any photographs taken during group activities, being used to publicise future parish events, and to appear on any printed publicity material and on Catholic websites.

In the event that I cannot be contacted by ordinary means, I give my permission for \_\_\_\_\_ to receive any necessary medical treatment and authorise the group leader to sign any document required by the hospital authorities.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_