

BETHEL YOUTH – REGISTRATION FORM 2017/18

NAME OF YOUNG PERSON _____ D.O.B. ____ / ____ / ____

ADDRESS _____

NAME OF GP _____ TEL NO OF GP _____

ADDRESS OF GP _____

NHS NO. _____ DATE OF LAST ANTI-TETANUS INJECTION ____ / ____ / ____

Does your child need to have medication administered? ☐ yes ☐ no

If 'yes', please give full details: _____

Is there anything else we need to know about such as any other medical conditions, disability or other information which may affect normal activity (e.g. asthma, allergies, special needs etc.)

NAME OF PARENT / LEGAL GUARDIAN / CARER _____

TELEPHONE NO - DAY _____ EVE _____ MOBILE _____

ADDITIONAL CONTACT (IN CASE OF EMERGENCY)

NAME _____ TEL NO. _____

If you do not have parental responsibility (e.g. you are a foster-carer / grandparent etc) please give details of those with parental responsibility:

NAME _____ TEL NO. _____

ADDRESS _____



WhatsApp

COMMUNICATION – Please fill in at least one in this box.

Bethel Youth will be communicating via WhatsApp & Email. By providing your tel no. and your child's number below, you give consent to participate in & receive information from Bethel Youth via a WhatsApp group & mailshot (e.g. changes to events, reminders etc).

☐ EMAIL ADDRESS: _____

☐ Parent / guardian mobile no. _____ ☐ Youth mobile no. _____

At the end of the session my child: ☐ can leave youth unaccompanied ☐ will be collected

☐ I have read the details set out in this form and agree to the 'Declaration' on pg. 2

Signed _____

Print Name _____ Date ____ / ____ / ____

DECLARATION

- I give permission for my child (named on pg.1) to take part in the normal activities of this group. I understand that separate permission will be sought for additional activities, including outings away from the premises and/or lasting longer than the normal meeting times of the group.
- 'Normal activity' includes:
 - Friday night youth club within the Bethel Church building at Johnstown and outdoor activities at Johnstown Park during daylight hours (weather permitting)
 - Sunday morning youth at the Halliwell (University of Wales Trinity Saint David) / Bethel Church building in Johnstown.
- I am aware that video clips and films may be shown during the sessions up to and including PG certificate.
- I give my permission for photographs to be taken (*please delete if this is not given*).
- In the unlikely event of any inappropriate behaviour by my child, I agree to collect them.
- I understand that my child will not be able to leave any session early without written consent / consent in person.
- I understand that while the leaders of Bethel Youth will take all reasonable care of the children, they cannot be held responsible for any loss, damage or injury suffered by my child during, or as a result, of the activities of the group.
- The youth will be required to adhere to a set of behaviour rules to ensure their safety and the safety of others whilst at Bethel Youth. We operate a 'yellow / red' card system; a verbal warning given in the first instance, followed by a temporary suspension should bad behaviour persist. However, for more serious incidents, a suspension may be given immediately and parents / guardians may be contacted to pick up their child.
- Bethel Youth adhere to the Child Protection policy as set out by Bethel Church.
- Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing "what is reasonable in all circumstances of the case for the purpose of safeguarding or promoting the child's welfare". However, the parent/carer should be advised of the situation as soon as possible.
- I understand that every effort will be made to contact me as soon as possible should my child become ill or have an accident, and have provided an appropriate contact number for emergencies above
- My child will be given any emergency medical/dental treatment as necessary (including anaesthetic)
- It is essential that those caring for children and young people are given full information by the parent/carer, in advance, of all necessary information concerning the child/young person's health (requested on pg. 1).

I have provided all relevant and necessary information regarding the health of my child as requested on pg. 1.

COMMUNICATION WITH YOUNG PEOPLE

Communication between the youth leaders and members of Bethel Youth will be limited to exchange of information regarding times / dates / locations of youth or church activities and via the following methods:



**This year we're communicating
by WhatsApp**

- **WHATSAPP GROUP:** Bethel Youth will be sending out important information via WhatsApp. Parental consent is required, please see registration form (pg.1) to sign-up.
- **PUBLIC FACEBOOK PAGE:** facebook.com/CarmarthenYouth.
- **INSTAGRAM:** @_beyouth #beyouth www.instagram.com/_beyouth
- **WEBSITE:** Information and downloads: www.bethel.info/youth/

WANT TO GET IN TOUCH WITH BETHEL YOUTH?

Communication between the youth leaders and members of Bethel Youth will be limited to exchange of information regarding times / dates / locations of youth or church activities and via the following methods:

- **WHATSAPP GROUP:** Bethel Youth will be sending out important information via WhatsApp. Parental consent is required, please see registration form (pg.1) to sign-up.
- **PUBLIC FACEBOOK PAGE:** facebook.com/CarmarthenYouth.
- **INSTAGRAM:** @_beyouth #beyouth www.instagram.com/_beyouth
- **WEBSITE:** Information and downloads: www.bethel.info/youth/
- **URGENT OR EMERGENCY:** Call Dan (07815 576219) or Beth (07929 115096)