



**URBAN
SAINTS**
GUILDFORD

USG Parental Consent Form – Group Membership

Urban Saints complies with the Data Protection Act 1998. All of the data given on this form will be held and used in accordance with this Act.

Urban Saints Guildford

SECTION 1 – this data will help us to contact you should we need to and provide the best possible care for your child during our normal Group meetings.

Name of son:	Date of Birth:
Address:	
Postcode:	Home tel. no.
Name of family Doctor:	
Address and tel. no. of family Doctor:	
Name(s) of parent(s) or other adult(s) who have parental responsibility for the child:	
If the child does not live with the parent(s) or other adult(s) with parental responsibility, with whom do they live?	
Name:	Relationship to child:
Please give details of any health problems, medical conditions or allergies affecting your son, any medication that they are taking or any disabilities they have that may affect normal activity:	
I give permission for sticking plasters and paracetamol to be used on my son when necessary	
* Please delete as appropriate	
YES / NO*	

SECTION 2 - this data will help us in planning our programmes and other activities.

School your child attends:
Church your child attends (if any):
Your child's interests and hobbies:

Continued overleaf...

SECTION 3 – to be read and signed only by a parent or other adult with parental responsibility.

By signing this I apply for my son to become a Group member of Urban Saints Guildford and acknowledge that they will become a member on receipt by Urban Saints Guildford of this form.

I give permission for my son to take part in the normal weekly activities and associated outings, sporting events and activities of Urban Saints Guildford (separate consent forms will be obtained for overnight or residential activities). I understand that the leaders will take all reasonable care in looking after my son/daughter but they cannot necessarily be held responsible for any loss or damage to property.

I give permission for Urban Saints Guildford to process the personal data given on this form for use in relation to my child attending the Group and taking part in other activities within the national organisation.

I understand that my son may sometimes appear in photographs and/or videos taken at Group and National activities and that these photographs/videos will only be used within Urban Saints.

In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my son to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

Signature: Parent or other adult with parental responsibility	Date:
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From time to time we may like to use photographs and/or videos of young people taking part in Group activities in publicity for the Group, or we may wish to pass on material for use in publicity, publications, promotional/training videos and websites produced by Urban Saints nationally. No personal details, such as names, appear with photographs or videos unless we obtain specific parental permission first.

If you are happy for us to use photographs and/or videos of your son/daughter in this way, please sign below.

If you do not wish us to use photographs and/or videos of your son/daughter in this way then please cross through this section.

I consent to photographs/videos of my son being used within Urban Saints for the purposes mentioned above. I understand that their name or other personal information will <u>not</u> be used unless my permission is obtained first.	
Signature: Parent or other adult with parental responsibility	Date: