**Lightbusters! Registration Form 2023**

We would be grateful if you could complete and return this form. Data from this form will be treated in accordance with St Andrew’s Church Privacy Notice. For details see the Church website.

|  |  |
| --- | --- |
| Name of child/young person |  |
| Date of birth |  |
| Home address  (incl. Postcode) |  |
| Home Tel. No. |  |
| School |  |

|  |  |
| --- | --- |
| First contact name |  |
| Relationship to child/young person |  |
| Address/Tel. No. (if different) |  |
| Mobile no. |  |
| E-mail address: (to receive news and details of upcoming events) |  |

|  |  |  |
| --- | --- | --- |
| Please give details of any medication the child/young person normally takes; and any allergies, dietary, medical or other health conditions we need to be aware of. Continue on separate page if necessary. |  | |
| Has your son/daughter/ward received a tetanus injection in the last five years? | |  |
| Are you happy for your son/daughter/ward to be included in photos or recordings?**2** | |  |

**2** Please refer to our Safeguarding Policy which is available at www.bucklandchurchdevon.co.uk

**Declaration**

I would like my son/daughter/ward to take part in the Light Party. I consent to any emergency medical treatment required during the course of the group’s activities. I confirm that my son/daughter/ward is fit to participate and will inform the group leaders of any changes to medical circumstances as soon as is possible.

Signed ......................................................................... Date .....................................................