

New Dawn Children's Ministry Registration Form

Please return to: 65 Coppice Road, Walsall Wood, West Midlands WS9 9BH or email annecrosby17@gmail.com

No child under the age of 5 will be allowed in the main Children's Ministry Tent.

Details of Child

First name _____ Last name _____

Conference number _____ Date of birth _____ Age at conference _____

Details of any allergies _____

(Please note we cannot administer any medication)

Details of any medical conditions or special needs _____

I give consent for my child to be photographed or filmed during Children's Ministry activities.

(Photographs may be used for publicity purposes, website, video of concert etc)

Please note all masses are filmed and this includes the children leaving and returning from their ministry.

I understand that the team members are not trained medical staff and cannot administer medication or be held responsible for any situation beyond their control.

In the event of an incident or accident involving my child, I agree to my child receiving first aid from a suitably qualified person and/or any medical treatment, which may be considered necessary by a registered medical practitioner.

Signed _____

Date _____

Details of Parent/Guardian

First name _____ Last name _____ Conference number _____

Home address _____

Post code _____

Home telephone number _____ Mobile telephone number _____

Please do not switch off your mobile phone. It is important that we can contact you if necessary.

Conference accommodation address.

We always need volunteers to help with sessions. If you are able to help with a session and you have a current DBS certificate please give details:

DBS certificate number _____

Date _____