



Abbey Musical Youth Registration & Consent Form

Details on this form will be held securely and will only be shared with others who need this information in order to meet the specific needs of your child.

Personal Details

Name of Child
Address
Date Of Birth
Gender
Name Of Parent/Carer
Parent /Carer Mobile No
Parent /Carer Email

Emergency Contact Information

Name	Relationship
Contact Number	

Medical Information

Please provide any necessary information

Consent Information

I give my consent that if an emergency medical situation arises, the organisation may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.

I confirm that I have read, or been made aware of, the organisation's policies concerning:

Child Protection Policy

Equal Opportunities Policy

General Data Protection Regulations Policy

I also give permission for my child to be included in all photography, videoing and use of social media by Abbey Musical Youth.

Signature Of Child		
Print Name		Date
Signature Of Parent/Carer		
Print Name		Date