

BCT YOUTH SESSIONS REGISTRATION - CONSENT FORM

Child's Full Name		
Date of Birth	Sex: M / F	
Parents/ Guardian Name		
Address		
	(44 - E-11 -)	When providing
	(Mobile)	emergency contacts,
		you should nominate
Emergency contact 1:	Emergency contact 2:	people who you
Name		know would be available to come
Relationship to child		and collect your
Tel	Tel	child if you are not
GP's Name and Address		able to or if we are
		unable to contact
		you.
School		
	cal conditions (including allergies) and/or special nee	
If yes, please give details:		
	ter their prescribed medication but we acknowledge	that in an emergency,
· · · · · · · · · · · · · · · · · · ·	ven the prescribed medication by an adult.	
Do you consent for prescribed med	lication to be administered in an emergency? $ Y / N $	
	any medication with them? Y / N	
	en's groups are nut-free zones. However, if your child does have a	ın allergy, we strongly advise
you to allow them to bring an epi-pen wh	nich they can keep with them or store in our medicine box.	
4) Does your child have any emot	cional/personal needs you would like to tell us about s	so we can support? Y / N
	but want us to support you/your child, please speak to one o	
	and the complete of the control of t	
,, , , , , , , , , , , , , , , , , , ,		
,	which may be useful in best supporting your child?	
,,,,,,		
6) Please tick box if you <u>do not</u> w	rish your child to be photographed/videoed. 📖	
	and young people enjoying the activities that we provide. These p	ictures might be used on
displays within the BCT Den, be uploaded	d to our website or Twitter and Facebook pages.	
La tha a still all annual a Cilliana ann	and the state of t	
-	ccident I give permission for any necessary medical trea	_
	hospital treatment if I cannot be contacted. I understar	nd that every effort will
be made to contact me as soon as	possible.	
Lambra manuscription Confebrillo C. U.	and the second of the second o	anina Vanth Carriera
i, give permission for [child's full n	name] to attend the BCT As	spire Youth Sessions.
Parent / Guardian's signature	Date	
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Please note it is the Parent / Guardian's responsibility to inform us if any of your details change.

Please note once completed all information given is held in the strictest confidence and only used for the purpose it was given. Once this form is completed, it will be stored in a locked cabinet and can be accessed upon request. If your child decides to leave the group, please inform us so we can ensure that the information is destroyed.

Can you help us?

We are a voluntary Community Interest Charity with the only source of income coming from the Youth Session subscriptions, the quarterly events that we hold, fundraising by various means and monthly donations via our Local Giving Page (www.localgiving.org/charity/bctaspire). We aim to create a safe, fun place for children and young people to learn, play and socialize and they are led by a small team of hard-working volunteers.

We welcome any parent/guardian to help in any way possible to keep up our good work and would love it if you could come on board and help out in various ways if you are able to. All our volunteers have been DBS checked and you will not be able to work with the children, however there are a number of other areas where help would be gratefully received.

I would / would not like to help out (if 'would not', then ignore the following questions).

I can help with the following on an ad hoc basis. (If you are interested in any aspect we will contact you to discuss further).

Cleaning the Den (we currently rely on some brilliant	Y / N - if yes please print your name and	
parents/guardians who take turns tidying and cleaning the Den, would you be willing to go on the rota?)	telephone number in this box.	
Do you have any skills that would help in the upkeep of the Den and would be willing to give up some time to help on an ad hoc basis?	Painting / Decorating Y / N Plumbing Y / N Electrical Y / N Administration Y / N If yes, please print your name and telephone number in this box.	
Would you be willing to help us with the upkeep of the outside area on an ad hoc basis (i.e. clearing leaves, pruning trees, sweeping etc)	Y / N - if yes please print your name and telephone number in this box.	
Would you be willing to run a stall at one of our events?	Y / N - if yes please print your name and telephone number in this box.	
Would you be willing to help on the catering stall at one of our events?	Y / N - if yes please print your name and telephone number in this box.	
I am happy to be involved in the activities and have some good ideas of my own up my sleeve for fundraising etc. Just ask me!	Y / N - if yes please print your name and telephone number in this box.	
I would like to become a volunteer in the music group and would like to be considered. (Please note you will be required to complete a volunteer application form and have a full DBS check which we will arrange)	Y / N - if yes please print your name and telephone number in this box.	
I would like to become a volunteer in the Duke of Edinburgh Sessions and would like to be considered. (Please note you will be required to complete a volunteer application form and have a full DBS check which we will arrange)	Y / N - if yes please print your name and telephone number in this box.	

You won't be asked to do anything that you're not comfortable with.

Thank you for considering this.