



Trinity Church Eindhoven
12th – 16th August 2019

CONSENT FORM FOR ONLINE REGISTRATIONS

Please use a separate form for each child

Child's Full Name		Sex M / F
Date of Birth	BSN (if known)	
Emergency contact name	Phone number	
Doctor's name	Doctors's number	
Any known allergies or conditions		
Parent's/Guardian's full name		
Phone number (if different to Emergency Contact number)		
I give permission for my child's and my details to be entered on the church database.		YES / NO
I give permission for my child's photograph to be taken during the club. (The photographs will be used for church purposes only, including church magazines and press releases)		YES / NO
I give permission for photographs and/or videos containing my child to appear on Trinity Church's website		YES / NO
I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.		
Signature of parent/guardian		Date