**Thornbury Baptist Church. Term time Thursdays 7.30-9.30 pm.**

**ATTIC CAFÉ Membership and Consent Form**

 **Subs £1 per night.** [**www.thornburybaptistchurch.co.uk**](http://www.thornburybaptistchurch.co.uk) **01454 419118**

*Thornbury Baptist Church operates within a Vulnerable Person Safeguarding Policy.*

**Details of young person:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Address: |  |
| Date of Birth: |  | Post Code: |  |
| School: |  | School Year: |  |
| Own mobile: |  | E-mail address: |  |
| Home phone: |  | Facebook name: |  |

**Details of parent/carer:**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name(s): |  | Relationship to young person: |  |
| Mobile num: |  | E-mail address: |  |

**Medical and Emergency details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of GP: |  | Surgery address  |  |
| Phone num: |  | Post Code: |  |
| Details of regular medication, medical conditions, allergies or anything else it would be useful to know of.  |  |

**Details of emergency contact name for when the parent or carer is unavailable**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name(s): |  | Address  |  |
| Post Code: |  |
| Mobile num: |  | E-mail address: |  |
| Home phone: |  | Relationship to young person |  |

***Please continue onto Page 2***

**Parental Consent:**  I understand the following and consent to the young person named above becoming a member of **Attic Café.**

* The Young Person will be registered for every Café event and once registered the Leaders of the Café are responsible for them during the event but not at any time before or after, including the journey to or from the premises (except on Trips).
* The Young Person will always remain under the care of the Leaders during the times of Café operation but should they, for any reason, leave that care then the Leaders will make every effort to contact the Parent/Carer or alternative contact number.
* Whilst Leaders will exercise a Duty of Care towards the Young Person they cannot necessarily be held responsible for any loss, damage or injury suffered by the Young Person during, or as a result of, any activity.
* The Young person will show respect to the reasonable requests of the Leaders and to other members at all times.
* The Café may implement procedures that could deny membership for a period of time should it prove necessary to do so and in a way that will be explained to the Young Person and Parent/Carer.
* The Café is part of the Thornbury Baptist Church Children’s and Youth provision and will have a Christian ethos. We will encourage moral values and positive mindsets.
* Thornbury Baptist Church will take special care of your personal information and contact details and those of your children in accordance with Data Protection legislation (May 2018) in accordance with their Privacy Policy (see Thornbury Baptist Church web-site)
* Leaders will communicate with the Young Person by phone, e-mail and the internet using the details provided in this Form but such communication will be restricted to the reasonable normal business of Café operation.
* Café members may watch films or play games rated no higher than a 15 certificate
* Photographs may be taken and used on the Thornbury Baptist Church Web-site or in the Church or by the venue hosts of trips for publicity reasons.
* Activities will usually take place within the premises of Thornbury Baptist Church but may also take place within the usual times somewhere else in the locality, for example in public spaces or homes of people known to the church. Subs may need to be increased to cover specific activities.
* Trips may be arranged at additional cost. Where a Trip is planned Leaders will give advanced notice of the date, time, location, nature and cost of the Trip.
* Residentials may be arranged at additional cost. These will require specific consent.
* From time to time there will be a need to transport the Young Person and such transport will be undertaken within best practice Safeguarding guidelines.
* All reasonable effort will be made to contact the Parent/Carer ~~me~~, or the alternative contact, should the Young Person become ill or have an accident and that medical treatment will be administered by a suitably qualified person and that, in an emergency, a Leader may authorise such treatment.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Parent/carer |  | Date of Signature |  |

**Young Person:**  I understand the content of this Membership and Consent Form and by choosing to join this Café respect will be expected of me and shown to me.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Young Person |  | Date of Signature |  |

------------------------------------------------- END OF FORM ------------------------------------------------------------------------

**Office Use Only: Date details entered onto register:**