

TWO BY TWO MEMBERSHIP & CONSENT FORM

Thornbury Baptist Church (TBC)

www.thornburybaptistchurch.co.uk

01454 419118

Thornbury Baptist Church operates within a Vulnerable Person Safeguarding Policy.

Details of Child

Full Name:		Address:	
Date of Birth:		Post Code:	

(Please use the back of the form for details of any additional Children.)

Details of Parent/Carer:

Full Name(s):		Address (if different to Child)	
Home num:		Post Code:	
Mobile num:		E-mail address:	
Relationship to Child			

Medical and Emergency details:

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

Parental Consent: I understand the following and consent to the Child(ren) named above/overleaf attending **Two by Two**:

- The Child(ren) will be registered for every session and once registered the Leaders of Two by Two have a Duty of Care for the Child(ren) and myself as Parent/Carer. In respect of my Child(ren) I recognise that I share that Duty of Care when present. Whilst Leaders will exercise a Duty of Care they cannot necessarily be held responsible for any loss, damage or injury suffered during, or as a result of, any activity.
- Two by Two is part of the TBC Children's and Youth provision and will have a Christian ethos.
- TBC will take special care of my personal information and contact details and information about my child 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 Parent/Carer about Two by Two and will also include information about other events and activities.
- Activities will usually take place within the premises of TBC but may, on occasion take place elsewhere.
- Should I not be present then all reasonable effort will be made to contact me should the Child(ren) become ill or have an accident and that medical treatment will be administered by a suitably qualified person and that, in an emergency, the person who has brought my Child(ren) may authorise such treatment.
- I am happy for photographs to be taken and used on the TBC Web-site or in the Church for publicity reasons **(delete as appropriate)** YES/NO

Signature of Parent/carers		Date of Signature	
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DETAILS OF ADDITIONAL CHILDREN

Details of Child (2)

Full Name:		Address:	
Date of Birth:		Post Code:	

Medical and Emergency details:

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

Details of Child (3)

Full Name:		Address:	
Date of Birth:		Post Code:	

Medical and Emergency details:

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

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

Office Use Only:

Date details entered onto register: