

Heaton Mersey Methodist Church WLTD0 Registration Form

Name of Adults:

Address:

Post code: Contact tel. no.

Name of child 1: Date of birth:

Sex: M / F (please circle)

Any known allergy or condition:

Emergency contact name: Emergency tel. no.

Name of child 2: Date of birth:.....

Sex: M / F (please circle)

Any known allergy or condition:

Emergency contact name: Emergency tel. no.

Do you have connections with a church? Yes / No (please circle)

If yes, which one?

Are you (please circle)

Parent Grandparent Relative

I confirm that the above details are complete and correct to the best of my knowledge.

Signature: Date:

Consent form for photographs and publicity

At Heaton Mersey Methodist Church we take the issue of child safety very seriously and this includes the use of images of children. We ask that parents or carers consent to the Church taking and using photographs and images of their children. Any use of images is underpinned by our Safeguarding Policy. We will never include the name of a child alongside an image.

I consent to the taking of photographs and digital images of the child named below which will only be used for the following purposes:

- For display within the Church premises;
- In Church printed publications or websites; or Facebook
- In publicity for events held by the Church.

I understand that the images will be used only for the purposes of the Church and the identity of my child will be protected. I acknowledge that the images may be used in and distributed using a variety of media including memory stick, email and printed form.

Name of Child 1: _____

Name of Child 2: _____

Name of Parent/Carer: _____

Signed: _____ Date: _____