Please complete this form and return it to Andy Clark at the following address:-

Church House

St Botolph’s Road

Barton Seagrave

Kettering NN15 6SR

**Member’s name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_ Date **of Birth:** \_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents E-mail addr**ess \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member’s E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency contact number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Member’s mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School attended** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Year** \_\_\_\_\_\_\_\_\_\_\_

**PTO**

Please delete as appropriate:

**I am/not willing for my child to attend outings or day trips organised by 1eighty and understand that they will be under the supervision of the 1eighty leadership and other adults as appropriate**

**I do/do not give permission for my child to be photographed or filmed during an 1eighty event and also permit these pictures to be used by St. Botolph’s Church.**

**I do/do not consent to my child being given any necessary first aid or medical treatment whilst attending 1eighty.**

**Does your child suffer from any condition requiring regular medication/treatment YES/NO**

**If so please give brief details**

**Does your child suffer from any allergies YES/NO**

**If so please give brief details.**

**Does your child have any special dietary requirements YES/NO**

**If so please give details**

*St Botolph’s Church takes its safeguarding responsibilities seriously. All members of the Children’s Ministry team have had an enhanced DBS/CRB check. A copy of our safeguarding policy is on our website and a printed version is available on request.*

**Please print name of parent(s)/Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of parent(s)/Guardians \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**