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: \_\_\_\_\_\_\_\_\_\_\_

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

Data Protection:

**Due to the Governments new data protection laws we need your express permission to keep your details… (without this we will be unable to contact you and will need to delete any details we currently hold). This includes young people 13 and over.**

To be completed by 1eighty/Link member if 13 or over

I give permission for St Botolph’s church to hold my data so that I might be contacted in the future about relevant events and information about Link & 1eighty.

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

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

I am happy to be contacted by: (please tick)

email phone SMS/text post Facebook messenger

Signature of member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[To be completed by parent/guardian]

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

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Parents E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Please delete as appropriate:**

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

I do/do not give permission for my child to be photographed or filmed during an “Link” 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 “Link”.

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 check. A copy of our safeguarding policy is on our website and a printed version is available on request.*

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I am happy to be contacted by: (please tick) [To be completed by parent/guardian]

email phone SMS/text post

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

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

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