



Please complete this form, giving us as much information as possible.

Name of Group (s) that you attend at GBC: _____

Name: _____

Address: _____

_____ Post Code: _____

Telephone Number: _____

Mobile Number (if applicable): _____

Email Address (if applicable): _____

Date of Birth: _____ / _____ / _____.

School: _____ Current School Year: _____

Parent/Guardian Name (s): _____

Parents Contact Number (s): _____

Parents Email Address (s): _____

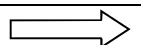
Medical Information

Name of GP: _____

GP's Address: _____

Any known medical conditions/allergies: _____

Any medication taken on a regular basis: _____



Data Protection

I (Parent/Guardian) _____ give my permission for Photographs to be taken of my child and allow them to be used for any use within Guildford Baptist Church by Youth Leaders only.

I give permission for this information to be kept by Guildford Baptist Church Youth Ministries until my child is no longer a member of a youth group and understand that it will not be disclosed to anyone else.

Signed _____ (Parent/Guardian)

Signed _____ (Young Person)

This will help us to keep our records up-to-date. Thank you!

Ant Horton, Youth Pastor