

Youth Lunch Event: Registration Form

12-2pm, Sat 28 March at the Mustard Seed Church

Participant Details

- **Full Name of Young Person:** _____
- **Date of Birth:** ____ / ____ / _____ **Age:** _____
- **Address:** _____ **Postcode:** _____

Parent/Guardian & Emergency Contact

- **Primary Contact Name:** _____
- **Relationship to Child:** _____
- **Mobile Number:** _____
- **Additional Contact Name:** _____
- **Additional Contact Phone:** _____

Medical & Dietary Information

- **Food Allergies or Intolerances:** _____
(Please be specific)
- **Relevant Medical Conditions/Medications:** _____
(Continue on the back if needed)
- **GP Surgery Name:** _____

Arrival & Departure (Safeguarding)

Please indicate how the young person will leave the event – **tick one:**

- I will collect my child from the venue (2pm).
- My child has permission to leave the event and travel home independently.
- My child will be collected by: _____ (Name of designated adult)

Communications (optional)

- I would like to receive updates about future youth events and church news by email.

Email Address: _____ (optional)

Declaration

I confirm that the information provided is accurate. I consent to my child attending the church lunch event and understand that the data provided will be stored securely in accordance with the Church Data Protection Policy and used only for the purposes stated. In the event of an emergency, I give permission for the leaders to authorize any necessary medical treatment or anesthetic, as advised by a medical professional.

- **Your Name:** _____
- **Signature:** _____ **Date:** ____ / 03 / 2026