



## **Youth Hangout**

## St. Luke's Church, 3-6pm Thursdays

By signing this form, you understand these details will be stored on the church system and you give permission to be contacted with information concerning Youth Hangout. This form must be filled in for young people to attend the Youth Group and signed by the person with legal responsibility for the care of the young person along with the young person themselves.

Members Deta	nils
Name	
Address	
Postcode	
Phone number	
Date of birth	DAY MONTH YEAR
Medical conditions and/or allergies (or anything else we would find helpful to know)	
Parent/Guardi	an Details
Name	
Address	

<sup>&</sup>lt;sup>1</sup> St. Luke's Privacy Notice can be found on the website: https://stlukesramsgate.org/policies/

Postcode				
Home Phone number				
Mobile number				
Email address				_
Emergency Alternative Contact Name				
Phone number				
Consent Form	(Required)			
	any breach of the rules and re	egulations may result	t in admission to the y	outh group being
refused. I consent	t to this young child who I hav	e legal responsibility	for to attend Youth H	
	t to this young child who I hav		for to attend Youth Herson's signature:	angout.
	, -	Young pe		angout.
Parent/Guardians Date:	s Signature:	Young pe		angout.
Parent/Guardians  Date:  Medical Conse  If, during my your	s Signature:	Young pe	erson's signature: ey are in a situation w	angout.
Parent/Guardians  Date:  Medical Conse  If, during my your they require first	ent Form (Required)  ng person's time in the care of	Young permanent of the youth group, the group leaders to prov	erson's signature: ey are in a situation w vide first aid.	angout.
Parent/Guardians  Date:  Medical Conse  If, during my your they require first	ent Form (Required)  Ing person's time in the care of aid, I give my consent for the	Young permanent of the youth group, the group leaders to prov	erson's signature: ey are in a situation w vide first aid.	angout.
Parent/Guardians Date:  Medical Conse  If, during my your they require first  Parent/Guardians  Date:  Publicity Conse Please sign if you	ent Form (Required)  Ing person's time in the care of aid, I give my consent for the	Young per Date:  The youth group, the group leaders to prove	erson's signature:  ey are in a situation wide first aid.	here it is understood
Parent/Guardians Date:  Medical Conse  If, during my your they require first  Parent/Guardians  Date:  Publicity Conse Please sign if you church advertisin	ent Form (Required)  Signature:  Signature:  Signature:  Signature:  Signature:  Signature:  Signature:	Young per Date:  The youth group, the group leaders to prove	erson's signature:  ey are in a situation wide first aid.  ured on social media, pross through this sections	here it is understood