



# REGISTRATION FORM

## CHILDREN AND YOUTH MINISTRY EVENTS

*Thank you for registering! Please complete the form below with accurate information to confirm participation*

### CHILD/YOUTH INFORMATION

<b>FULL NAME</b>	
<b>DATE OF BIRTH</b>	
<b>GENDER</b>	
<b>ADDRESS</b>	
<b>CITY</b>	
<b>PHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	

### EMERGENCY CONTACT

<b>NAME</b>	
<b>RELATIONSHIP</b>	
<b>PHONE NUMBER</b>	

### WHAT DOES YOUR CHILD NEED TO BE COMFORTABLE AND SAFE i.e. DIETARY REQUIREMENTS &/OR MEDICAL OR SOCIAL NEEDS

### CONFIDENTIAL

*Information collected in this form will be used and stored in line with privacy legislation and the Diocesan Privacy Statement. Details can be found on our website [aucklandanglican.org.nz/privacy/](http://aucklandanglican.org.nz/privacy/)*

**OTHER PERMISSIONS****IS THERE ANYONE WHO IS NOT ALLOWED TO PICK UP THE CHILD?****I AGREE THAT PHOTOS CAN BE TAKEN OF THE CHILD AND USED IN CHURCH/AYM/DIOCESAN PUBLICATIONS OR SOCIAL MEDIA** YES NO**I AGREE THAT THE CHILD CAN BE ADDED TO SOCIAL MEDIA APPS FOR COMMUNICATIONS ABOUT THE EVENT/GROUP E.G. WHATSAPP, EMAIL** YES NO**IS THERE ANY FURTHER INFORMATION WE NEED TO KNOW?****CONFIDENTIAL**

*Information collected in this form will be used and stored in line with privacy legislation and the Diocesan Privacy Statement. Details can be found on our website [aucklandanglican.org.nz/privacy/](http://aucklandanglican.org.nz/privacy/)*