

## Coaching 4 Christ Consent Form

Anything written on this form will be held in confidence. The leaders need to know these details in order to meet the specific needs of your child.

Child's name:	Class:	DOB:
Address:		
Postcode:		
Contact details in case of emergency		
Parent/Guardian Name		
Home Phone		
Mobile #		
Please indicate medical conditions, special needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:		

I confirm the above details are correct and I give permission for my child to attend Coaching 4 Christ and participate in all activities.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary. In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

During the time your child will spend with us, photographs may be taken for general church purposes (Publicity & Church website) and for this we need your permission. I give permission for my child's photograph to be taken and used for publicity purposes.

Signature	(parent/guardian)	Date

Please return this form to: **Carrickfergus Baptist Church, 3 Northlands, Carrickfergus, BT38 8ND**  
There is a limit of **120** places and we will give places to the first 120 people who return their forms.  
Before you return this form, please take a note of all dates and times.