

**HRYM Chosen Youth Bible Hub Live Event**  
**Registration and Consent Form.**

*This registration and consent form relates only to the Chosen Youth Bible Hub Live Event on Saturday 23<sup>rd</sup> October 2-4pm at Holy Rood Church, Groundwell Road, Swindon, SN1 2LU*

**Admission will only be given on receipt of this completed and signed form.**

**Wearing a face covering to this event is compulsory.**

**Please complete this form using capital letters and deleting as appropriate.**

Participants Name: .....

Date of birth: ..... Male / Female

Address: .....

.....Post code: .....

Telephone number: .....

Contacts for next of kin / emergency during the period of event: (please provide two)

Name: ..... Tel. No: .....

Relationship: .....

Name: ..... Tel. No: .....

Relationship: .....

**Information about participant.**

Please give details of any medical conditions e.g. diabetes, epilepsy, allergies etc:.....

.....

**Transport to and from the event (under 18yrs only)**

Parents/carers accept the responsibility of ensuring that their son / daughter travels to and from the event safely. HRYM leaders will prevent an attendee from leaving the premises unaccompanied at the end of the event, **only** if specifically instructed to by a parent / carer.

Please delete as necessary:

**I give permission for my son / daughter to leave unaccompanied at the end of the event.**

**I will arrive in good time to collect my son / daughter after the event has finished and they should not leave alone.**

Please note that if you are arriving to collect your son / daughter by car, there is very limited parking available outside the church.

**Parent/carer consent (under 18years)**

I have ensured that he/she understands that it is important for his/her and the groups safety that they abide by the rules and instructions given by the leaders at all times. **I agree to be called and asked to collect my child if they do not abide by the rules.**

I undertake to inform the leader of any changes to the health of my child, as and when appropriate.

Please delete as necessary:

**I give/do not give** permission for the leader to agree to my son/daughter receiving medical treatment in an emergency in my absence including, but not limited to: paracetamol, plasters/bandages, antihistamines.

**I give/do not give** permission for you to take pictures of my child whilst at the event which may be used in promotional literature or on HRYM Chosen Youth website.

Signed: .....

Print Name: .....

Date: .....

Relationship to the participant:.....

**Young Person's consent (over 18years)**

**I give / do not give** permission for you to take pictures of me whilst at the event which may be used in promotional literature or on HRYM Chosen Youth website.

Signed: .....

Print Name: .....

Date: .....

**Subscribe to future events**

If you would like us to retain your details so we can inform you of future events you may be interested in, please complete below:

Name: .....

Email: .....

Signed: .....

Date: .....

Return form to: Chosen Youth, HRYM Youth Ministry, Holy Rood Catholic Church, 2 Groundwell Road, Swindon, SN1 2LU  
[Hrym.swindon@cliftondiocese.com](mailto:Hrym.swindon@cliftondiocese.com); [youth.swindon.holyrood@cliftondiocese.com](mailto:youth.swindon.holyrood@cliftondiocese.com); 07585227725

