

## MASTER BUILDERS Consent Form

(please use a separate form for each child)

Child's full name:			
Address: (if different from registration form)			
Telephone No:			
Emergency Contact Name:			Phone No:
GP's Name:			GP's Phone no:
Any known allergies or medical conditions (please give details)			
<p>By signing this form, you are consenting to the Church Council of Cambourne Church holding and processing your personal data for the purpose of this activity. Please also confirm your consent for the following purposes:</p> <p>I give permission for un- named photos/videos of my child to be used:</p> <p>Online (e.g. Cambourne Church Website to publicise events) <span style="float: right;">Yes / No</span></p> <p>Offline (e.g. newspaper/magazine, personal study/research/posters) <span style="float: right;">Yes / No</span></p> <p>To keep me informed about news, events and activities at Cambourne Church by <input type="checkbox"/> post <input type="checkbox"/> phone or <input type="checkbox"/> email (please select).</p> <p>Please contact <a href="mailto:administrator@cambournechurch.org.uk">administrator@cambournechurch.org.uk</a> to amend your details or for any questions relating to our processing of your data and our privacy policy.</p> <p><b>I confirm that the above details are complete and correct to the best of my knowledge.</b> In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.</p>			
Parent/Guardian's signature:			Date:

***MASTER BUILDERS* Registration Form**

25<sup>th</sup>-26<sup>th</sup> July 2019

Cambourne Church

(Please use a separate form for each child)

Child's full name:

Gender: M / F

Date of Birth:

Current School Year & School Name:

(Children must have completed at least one year at school)

Parent/Guardian's  
Full Name

Address

Home phone no:

Mobile no:

Work phone no (if applicable):

Email address:

My child will be attending for both days. Yes / No

If your child is unable to attend both days, please state which day they will be attending:

Please register my child for *MASTER BUILDERS*:

Payment method:

(please tick)

Date:

Cash

Chq

BACS

Please complete  
the consent form  
on the reverse

Parent/Guardian's signature