



Participation Consent form

Participant



The Methodist Church Cardiff Circuit

Name	
Home address	
e-mail address	
Mobile Number	
Details of any regular medication	
Details of any medical problems (e.g. allergies, dietary needs, asthma, epilepsy, diabetes)	
Current School	
Home Church/ Denomination/ Religion/ None of the above	
Where did you hear about Youth Space	

Parent/Carer/Responsible Adult

Name	
Home address	
Home Phone Number	
Mobile or other emergency numbers	
e-mail address	
Do you consent to this e-mail address being used to receive our regular newsletter.	
Would you be interested in volunteering with Youth Space and other projects?	

The Consent

I give permission for the participant named above to take part in the normal activities of Youth Space. I understand that separate permission will be sought for certain activities, including swimming, and outings lasting longer than the normal meeting times of the group.	
I understand that while involved he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take all reasonable care of the young people, they cannot necessarily be held responsible for any loss, damage or injury suffered by the participant during, or as a result of, the activity.	
Using your personal information I understand that the data I have given will be used for the purposes of Youth Space and the administration of the Methodist Church. We may share this information with outside organisations for the purposes of administering our mailings and safely providing the services of Youth Space to our participants. For further information on how your information is used, how we maintain the security of your information, and your rights to access the information we hold on you please contact: youthspace@cardiffmethodist.org.uk or see our website youthspace.cardiffmethodist.org.uk	
Photos may be taken for the purposes of Youth Space and other Methodist Church purposes. Please indicate here if you would prefer this participant NOT to be photographed.	
In the event of an emergency and/or if I am not contactable, I am willing for my child to receive necessary medical treatment which may include first aid, hospital or dental work including an anaesthetic	

Signatures

Signature		Signature	
Participant		Parent/Carer	
Date		Date	