



Loughgilly Youth Group.

Registration Form.

Parent/Guardian Name:	
Youth Name:	
Address:	
Date of Birth of Youth:	
Emergency contact numbers:	<p>1.</p> <p>2.</p>
Allergies relating to the youth (if applicable)	
Youth Hobbies/Interests/Talents	
School:	
Class/Year:	
What would you like the youth group to organise within the parish for young people?	

I.....(parent /guardian name) give my son/daughter.....permission to attend trips/activities/events led by the team associated with Loughgilly Parish Youth Group.

I understand that my son/daughter is expected to behave appropriately and will respect the ethos of the Parish Youth Group.

I understand that the leaders have completed Parish Safeguarding Training and will endeavour to safeguard my son/daughter at all times.

I understand and agree to my son/daughter being photographed for use within the Parish Facebook Page and local newspapers and social media relating to Parish events.

Signed.....

THE INFORMATION GIVEN IN THIS AND SUBSEQUENT FORMS WILL BE TREATED AS PRIVATE AND CONFIDENTIAL.

IF YOU WISH CLARIFICATION ON THIS FORM PLEASE CONTACT THE PARISH OFFICE.

DURING YOUTH ACTIVITIES THE PARISH OFFICE WILL BE CONTACTABLE ON 02837507214 SHOULD YOU NEED TO CONTACT YOUR CHILD OR THE YOUTH TEAM IN AN EMERGENCY.