

Registration and Consent: Children and Vulnerable Adults

Church Groups (including Bell Ringing), Day Visits, Camps, Residential Holidays

(to be completed as appropriate by the adult, or parent/carer of the child, annually for church groups)

We are excited to invite your child to a vibrant community youth event taking place in July 2025 at St Andrews, Redruth, from 4:00 PM to 6:30 PM. This fun-filled afternoon is designed for approximately 50 children aged 7–15 and will include a variety of engaging activities across several themed areas: a Silent Disco in the Main Church, a Chill-out Zone in the back area, and Sumo Suit Wrestling, games, food, and more in the Crypt. Highlights include inflatable party games, a photo booth, hot dogs, pizza, and ice cream. The event aims to provide a safe and welcoming environment for local youth, strengthen community connections. All activities will be supervised by trained volunteers, and appropriate health, safety, and safeguarding measures—including parental consent—are in place to ensure a positive experience for every participant.

Name of Church: St Andrews Church, Redruth

Name of Activity: Toast Youth Event 2025

Family contact details:

Adult/Child's full name.....Date of birth

Full name of parent/guardian.....

Home address.....Home Tel No..... Parent's/guardian's
mobileParent's/guardian's e-mail.....

Family doctorSchool..... School year

About you/your child:

Do you/Does your child have any food allergies? (please specify).....

Do you/Does your child have any medical conditions? (please specify).....

Are you/is your child on any medication? (please specify).....

NHS No:.....Details of last anti-tetanus injection.....(Day Visits, Camps, Res Hols)

Does your child have any special needs? (please specify).....

Is there anything else you would like us to know about you/your child?

Emergency contact details for parents/guardians:

Contact tel. no during group or activity time:

.....

Contact name for carer/ an alternative adult in case of emergencies:

Tel no Relationship to you/your child

Arrangements for collection: *(please delete as appropriate)*

I/My child will be brought and collected from the group **Yes/No**

I/my child/will be collected by.....Relationship to you/your child.....

Name of anyone **NOT** allowed to collect my childRelationship to child.....

My child has permission to travel to and from the group without me *(children over 11years)* **Yes/No**

Declaration

I give permission for..... (child) to attend and take part in the specified activities.

In an emergency and/or if I am not contactable, **I am/I am not** (delete as appropriate) willing for my child to receive doctor, hospital or dental treatment, including an anaesthetic.

Signed (adult/parent/guardian) Date

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).

For more information, please contact Revd Chris Harrigan on 07981816361 or redruthcurate@gmail.com

Form to be completed and emailed to redruthcurate@gmail.com or brought to church on the evening. No form, no entry.