**Registration form and authorisation for activities and residential activities**

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| First Name: | Surname:  | Gender: |
| Known as: | Date of Birth: | Age at time of trip: |
| Parents Full Name(s): |
| Address (include postcode:Tel. No: Mobile: | First emergency contact (Name, Tel. And relationship to child / young person): |
| Alternative emergency contact in case of emergency (Name, Tel. and relationship to child / young person): |
| Mother’s work tel. no: Ext: |
| Father’s work tel. no: Ext: |
| Son / daughter’s school: |
| Ethnic origin and religion: | Dietary Requirements: |
| Doctor’s name, address and tel. no: |
| Has son / daughter had tetanus vaccination in the last 5 years? [ ]  Yes [ ]  No  |
| Does your son / daughter have any illness, e.g. Asthma [ ]  Yes [ ]  NoEczema [ ]  Yes [ ]  NoFits/Convulsions [ ]  Yes [ ]  NoEpilepsy [ ]  Yes [ ]  NoDiabetes [ ]  Yes [ ]  NoIf yes, please give details and specify any medication on this sheet. |
| Does your son / daughter suffer from travel sickness? [ ]  Yes [ ]  NoIf yes, can pills be given? [ ]  Yes [ ]  No |
|  Any allergies? Yes [ ]  No [ ]  (if yes, please list them) Any other needs we should know about?  |
| Swimming? Allowed in water under supervision [ ]  Not allowed [ ]  Learning [ ]   Can swim [ ]  Can’t swim [ ]   |
| At defined times, young people may be allowed unsupervised time as a group e.g. to explore a museum. There will be agreements made with regard to boundaries and behaviour and procedures in place to support them as well as access to the staff mobile phone number. Do you consent to this? Yes **[ ]** No **[ ]**  |
| **Pictures / Video:**During structured activities including residentials, pictures and videos may be taken of your child during group activity, these images will be used to promote the youth sessions and REIN’s youth work activities and may be included in newsletters, web sites and other forms of social media.Do you consent to pictures / video being taken? Yes **[ ]** No **[ ]**  |
| **I give my consent for my daughter / son to take part in structured youth activities and residential activities offered by Rights and Equalities in Newham (REIN): a separate form will be sent home and will need to be signed to enable your child to participate in each trip or activity developed.****Signed: Person with parental responsibility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Please return this form to the youth work team or to: Paul Leslie

Rights and Equalities in Newham, 478 Barking Road, Plaistow, London, E13 8QB

Tel: 020 7473 5349