



@ St Andrew's Leyland

ANNUAL REGISTRATION FORM 2008/2009

1. Details of Delta

Meets every Sunday during term-time for the 'drop' at 56 Fox Lane from 5-6.15pm and then we go on to church for the 6.30pm meeting. We also meet at 7.45am on Mondays for prayer breakfast and 7.45-9.15 on Wednesdays at the church hall.

2. Details of Child

Full Name: _____

Date of Birth: _____

School / College Attended: _____

School year from September 2008: _____

3. Contact details

Name and address of Parent/Carer: _____

I can be contacted on the following numbers:

Home: _____ Mobile: _____

Alternative contact name and number: _____

4. Medical information

Family Doctor (name, address and number): _____

Does your child suffer from any of the following conditions? (please circle where appropriate)

Asthma	yes/no	Bronchitis	yes/no
Chest problems	yes/no	Diabetes	yes/no
Epilepsy	yes/no	Fainting	yes/no
Heart Trouble	yes/no	Migraine	yes/no
Raised blood pressure	yes/no	Tuberculosis	yes/no

If **yes** to any of the conditions please provide details: _____

Does your child have any special needs (dietary or learning etc)? yes/no

If **yes**, please give details: _____

Please tick here if your child has any learning disabilities and would benefit from our '**Buddy**' system (121 help and guidance during the DELTA sessions with a specific leader) or if you'd like more information about it.

5. Insurance cover

I understand that DELTA is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the organiser of DELTA. I also understand that any extension of insurance cover is my responsibility.

6. Photography

As part of DELTA we may take photographs and video footage of the various activities and events. These will only be used for 'in-house' displays, DVD's, website and literature.

Please tick this box if you do **NOT** give consent for your child to be photographed.

7. Declaration

- I have read the information about the group.
- I agree to my son/daughter/ward taking part in the above stated DELTA and agree to his/her participation in any of the regular activities. I acknowledge the need for good conduct and responsible behaviour on his/her part.
- I have noted when and where the DELTA takes place and I understand that I am responsible for getting my child to and from that place safely.
- I am aware of the levels of insurance cover.

Signature of parent/carers: _____