



# PARISH OF KILCONRIOLA AND BALLYCLUG Membership registration form



## St Patrick's Bellringers

This group meets on Friday at 7.30 pm  
in St Patrick's Bell Tower

### Contact Details

Name of child: \_\_\_\_\_

Address of child: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Contact Numbers: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

I give permission for \_\_\_\_\_ (insert child's name) to become a member of St Patrick's Bellringers meeting on the day and times specified above and to participate in all the activities of the group. It is my understanding that my specific consent will be sought for any additional activity outside of the above days and times and venues.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Medical Details

Please indicate if your child:

a) Has any allergies - \_\_\_\_\_

b) Is taking any medication - \_\_\_\_\_

c) Has any special needs - \_\_\_\_\_

I give permission for basic first aid to be administered to my son/daughter.

### **YES/NO**

In the case of an emergency, staff and volunteers will do everything reasonable to contact the parent/guardians named above. In circumstances where medical treatment is required immediately and where it is not possible to contact those named on this form, I authorise the leader in charge of the group to refer my son/daughter to a medical practitioner or emergency services on my/our behalf and to sign on my behalf any written consent required in the event of a life-threatening injury/condition.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent must be provided by the person with parental responsibility.**

## Consent form for photographs or recorded images

The parish of Kilconriola and Ballyclug in the Diocese of Connor recognises that the need to ensure the welfare and safety of all children. In accordance with our child protection policy, Safeguarding Trust, parents/guardians and child (13 or over) are asked to sign a consent form for the taking of photographs and recorded images on the understanding that photographs and recorded images may be used in a range of hardcopy, online publications and social media by the parish and/or the diocese. They may also be retained for continued use by the parish/diocese.

### Parent/Guardian consent

I consent to the photographing or recording of

Name of child:

---

while involved in activities run by the Parish of Kilconriola and Ballyclug in the Diocese of Connor:

Yes  No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Child's consent (if 13 or over)

I consent to photographing or recording of my involvement in activities run by the Parish of Kilconriola and Ballyclug in the Diocese of Connor.

Yes  No

I understand that my consent may be withdrawn at any time.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_