

Carrigrohane Union of Parishes

WonderZone Holiday Bible Club – The Carraig Centre, Ballincollig

Please complete this form and return it with the fee to Carrigrohane Parish Office.

Address: Before Easter – Parish Centre, Church Hill, Carrigrohane. After Easter – The Carraig Centre, Old Quarter, Ballincollig

Cash / Cheques made payable to Carrigrohane Union of Parishes – 25 Euro per Child, Max 50 Euro per family

A signed consent form is a condition of participation in this activity for those under the age of 18.

Personal Details

Name of Child: _____

Age: _____ Date of Birth: _____ School Class _____

Parent's emergency contact numbers: _____

Parent's email address: _____

I am willing for the child named above to participate in *the Holiday Bible Club* and confirm that he/she is willing to participate as fully as possible.

Signed: **X** _____ 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, the team members 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: **X** _____

Date: _____

Photographs

At Holiday Club we do take some photos – these Photographs and recorded images may be used in a range of hardcopy, online publications and social media by the parish for publicity purposes. They may also be retained for continued use by the parish. Any photographs will be of a general nature and no names will be associated with them.

I give my consent for these image to be used in this way **X** Yes [] No []

Consent must be provided by the person with parental responsibility.

In line with Data Protection regulations, we are committed to protecting the personal information given on this form. By providing the information requested, you are giving us permission (consent) to use this information for Safeguarding, legal or regulatory purposes and we will use it for no other purpose without further consent unless mandated or required to do so under the Data Protection Act 2018 or equivalent legislation. If you have any questions about how we process your personal data, please contact a member of the Safeguarding Panel details of which can be found on our website: www.cupcork.ie