

Achievement Bute - Registration Form

Child's First Name: Child's Surname: Date of Birth: Gender: Parent/Carer's Name: Contact Number: Email:	Address: Emergency Contact: Relationship to Child: Contact Number:
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ONLINE & DIGITAL ACTIVITIES (e.g. during Coronavirus Lockdown)
Some online activities may involve you/your child contacting/sharing digitally. If your child has a mobile phone and you consent to them using it for such contact, please provide their mobile number. Achievement Bute will not contact your child without your explicit consent to do so.

Child's Mobile Number:

Please give brief details of any medical condition (including allergies) affecting the child, or their need for additional support, of which we should be aware:

Name of child's GP/Practice:	GP's Contact Number:
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PERMISSIONS	<small>DELETE AS APPROPRIATE</small>
Do we have your permission to use photographs and/or video footage of your child, taken during Achievement Bute events and clubs, for the purposes of wider publicity? Uses may include printed and online publicity, social media, press releases and funding applications.	YES/NO
Do we have your permission to apply hypoallergenic sun-cream during outdoor activities?	YES/NO
Would you like to receive information about our forthcoming events by email/e-newsletter?	YES/NO

DECLARATION FOR PARENTS

I confirm that I have parental rights to agree that my child may participate in events, clubs, trips and activities organised by Achievement Bute and I consent to any emergency medical treatment that my child may require during the course of the activities.

Name of parent/carer with parental rights (PRINT):

Signature of parent/carer: _____ DATE: _____

DECLARATION FOR CARERS / LOOKED AFTER CHILDREN

*This section should **only be completed if the young person is looked after by a carer (eg. foster-carer etc.) who does not have parental rights**- in which case, the person with parental rights should sign the section above and the carer should complete this section of the form.*

Signature of carer: _____ DATE: _____

Name of caring role (eg. Foster/Kinship carer):

PRIVACY NOTICE: Achievement Bute collects personal information in accordance with the General Data Protection Regulations. We will use this information to provide requested services and, if you agree, send relevant marketing. We will not share your information without explicit permission. For more information, please see our privacy notice at www.achievementbute.org.uk.

FOR OFFICE USE ONLY: Date details entered on Database: _____ by (initials of staff member): _____
 Additional Support Information: YES/NO Support File: YES/NO

Achievement Bute is a Scottish Charitable Incorporated Organisation (SCIO) No SC02760