*Logo, icon

Description automatically generated*

**Membership Registration Form**

***Donegal & Inver Groups of Parishes Confirmation Class 2023***

This group will meet **in person** in Laghey Parish Hall on Sundays from 6-7pm. Changes to dates and times of classes will be notified in advance to parents by email or text message. If necessary the group may meet **online** via Zoom in which case login details will be notified in advance to parents by email or text message.

**Contact Details**

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

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

*Age: \_\_\_\_\_\_\_\_\_\_\_ School Year \_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

*Contact Numbers: Mother - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Additional Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Parent’s email address(es): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

I give permission for *(insert child’s name)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to become a member of Donegal & Inver Groups of Parishes Confirmation Class meeting as 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.

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

**Medical Details**

Please indicate if your child:

1. Has any allergies - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Is taking any medication - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. 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, clergy, 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.***

*Page 1 of 2*

**Consent for photographs or recorded images**

**The Donegal & Inver Groups of Parishes** recognise the need to ensure the welfare and safety of all children. In accordance with our child protection policy, Safeguarding Trust, parents/guardians and children (of secondary level age) 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 Donegal & Inver Groups of Parishes

Yes ⬜ No ⬜

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

*Child’s consent (if of secondary level age)*

I consent to photographing or recording of my involvement in activities run by the Donegal & Inver Groups of Parishes

Yes ⬜ No ⬜

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

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

*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 Panel.*

*Page 2 of 2*