

YOUTH

Youth Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Custodial Parent/Guardian

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in selected the scheduled YOUTH activities of St Barnabas Church. I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

I give permission for designated First Aid officer to administer first aid. in the event of an emergency and I am unable to be reached, I hereby authorise the St Barnabas Kensington representative to speak with the above emergency contacts or seek emergency medical treatment as deemed necessary.

I Give the above youth permission to attend and depart Youth programs without a Parent/Guardian

I agree to St Barnabas Church using photographs/videos of the above youth for the purpose of

Use within Church premises

Church website/social media

Church publications

Church YouTube channel

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to  
youth@stbk.org.uk

ST · BARNABAS  
KENSINGTON