



Ketumathi Buddhist Vihara Youth Group Registration Form

(This form is to be read & completed in by both youth & parent or guardian , and covers all regular attendance at youth* group activities and events (*11 - 18 years old)

1. Youth's information

Name:..... DOB:.....
 Gender:..... School year:.....
 Address :..... Email address:.....
 Mobile number :.....

2. Parents/ guardian's contact details

Name.....
 Phone number:.....
 Email:

Do you give permission for your child to receive emails and text messages from leaders/ organisers or volunteers from vihara? YES/ NO

3. Notifiable medical conditions:

Include allergies, details of medication and any medical details we need to know:

.....

4. Emergency contact details:

Parent / carer details given above will be used as the first emergency contact, however, please supply a second contact for emergencies

Emergency contact name;
 Phone number :
 Relationship to Youth;

5. Media and electronic communication:

The Vihara may also take photographs / video at groups which may include your child. They may be used to publicise further events or in Vihara publications. Any pictures or video taken will be used sensitively and in compliance with our **Safe guard Policy, which is available to read**



Ketumathi Buddhist Vihara Youth Group Registration Form

- 6. Do you give permission for your child to appear in these photographs/ videos and for these to be used by the Vihara? YES/ NO

- 7. Do you also give permission for the photographs/ videos to be used on the Vihara website and social medias if any form future? YES/NO

8. Declaration by parent/ guardian:

I give permission for the young person named to take part in the normal activities of the youth groups.

I understand that while involved he / she will be under the control and care of the group leader, and / or other adults approved by the vihara leadership and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by him / her during or as a result of, the activity.

I confirm that by signing I am submitting full and accurate information, that I am the parent / carer of the young person named, and that I give permission for the young person named to take part in the normal activities of the youth groups.

In an emergency and / or if I am not contactable, I am willing for him / her to receive necessary hospital/ dental treatment including an anaesthetic.

.....

(If aged 16 or over, Young Person to sign and print name to show they have read the form)

.....

.....