

Expectations for behaviour at Chill 'n' Church

1. We respect one another (including choices of how we would like to be addressed) and are kind to one another.
2. We keep our tempers.
3. We don't make threats, insult one another or swear.
4. Violent words and actions are never acceptable.
5. We are an Inclusive Group, any discriminatory behaviour will not be tolerated.
6. We respect property – we don't touch other people's belongings, including their 'phones and we take care of the Church and it's contents.
7. Alcohol, smoking and drugs are not used on Church property.
8. Entry to Chill 'n' Church is at the discretion of the leaders and attendance can be suspended or cancelled because of bad behaviour or breach of these expectations.
9. All attendees must return a permission form signed by a guardian or parent.
10. We don't come into the Church building until 18:50pm, unless given specific permission by a leader.
11. Once we are in the building we don't go out again until we are going home, unless accompanied by a leader for a specific group activity.
12. We respect these rules and one another after the meeting and on our way home.

(to be signed by the young person)

I understand and agree to act within these expectations whilst at Chill'n'Church

Name

Signature

Date

Registration and Consent: Chill and Church @ St Martin's Hereford
(to be completed as appropriate by the parent/carer of the child, annually)

Name of Church: St Martin's, Hereford

Name of Group /Activity: Chill and Church

Place and Time of Activity: Thursday, 7-8:30pm @ St Martin's Church

Family contact details:

Child's full name.....

Date of birth

Full name of parent/guardian.....

Home address.....

Home Tel No.....

Parent's/guardian's mobile.....

Parent's/guardian's e-mail.....

Family doctor

School..... School year

About you/your child:

Does your child have any food allergies? (please specify)

.....

Does your child have any medical conditions? (please specify)

.....

Is your child on any medication? (please specify)

.....

NHS No:.....

Details of last anti-tetanus injection.....

(for the purpose of Day Visits, Camps, Res Hols)

Does your child have any special needs? (please specify)

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Is there anything else you would like us to know about you/your child?

.....

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Emergency contact details for parents/guardians:

Contact tel. no during group or activity time:

.....

Contact name for carer/ an alternative adult in case of emergencies:

.....

Tel no

Relationship to your child

Arrangements for collection: church groups *(please delete as appropriate)*

My child will be brought and collected from the group **Yes/No**

My child/will be collected by.....

Relationship to you/your child.....

Name of anyone **NOT** allowed to collect my child

Relationship to child.....

My child has permission to travel to and from the group without me *(children over 11years)*

Yes/No

Declaration

I give permission for(child's name) to attend and take part in the specified activities.

I give permission for photographs or video of(child's name) taken during Chill 'n' Church sessions on behalf of St. Martin's Church to be shared in print or electronic media.

In an emergency and/or if I am not contactable, **I am/I am not** (delete as appropriate) willing for my child to receive doctor, hospital or dental treatment including an anaesthetic. (Day Visits, Camps, Res Hols)

Signed (adult/parent/guardian) **Date**

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent.

Rev Lauren Bell and Rev Anne Dowdeswell

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