



Staff: affix QR code here

HQ Registration Form (2018)

Child's details, needs and contact Information: Compulsory

Child's name:				
Child's age:				
Parent/carer/guardian name/s:				
Contact Phone No x 2: (mobile phone preferred)				
Street Name & House No.				
Post Code:				
Housing Association Member? (Tick if applicable)	Orbit	East Kent	Southern Housing	Town and Country Housing
Medical/allergy information:				
Does your child need any additional requirements:				
Password (in case of a lost ticket)				

Terms and conditions:

As adult/parent with parental responsibility for the listed children 1: I give permission for them to take part in these activities. I understand that while involved, they will be under the control and care of the group leader (and/or other adults approved by LITP), and that while the staff in charge of that group will take all reasonable care of the child(ren), they cannot necessarily be held responsible for any loss, damage or injury suffered by the child(ren) during, or as a result of the event. 2: I give permission for them to receive medical treatment including an anesthetic or other medication deemed necessary by LITP staff if I cannot be contacted in case of an emergency. 3: I understand that while present on the LITP site, or involved in any LITP activity, the people listed remain my responsibility, and that LITP cannot be held responsible for any loss, damage or injury suffered by any member of my party during, or as a result of the event, and while on site.

NOTE: This form MUST be signed by a parent/adult with parental responsibility for the child listed.

The information I have provided is correct, and I have read and agree with the terms and conditions:

Signature:

Print name:

Date:

Data Protection

Please fill out the following information if you wish to be entered into a database to receive further information with regards to HQ events and activities.

We will store this information in line with the data protection act GDPR 2018.

Full Name:

Preferred Contact Number:

Address:

Email:

I understand that I am able to manage my contact info & preferences, or opt out of communications at any time by contacting 01843 226232 or sarah@globalgeneration.co.uk

Media Consent

- I can confirm that I give permission for my child(ren) (if under 13 years) to be photographed or videoed over the course of the LITP event, and I understand that the media collected at LITP may be used for promotional purposes.
- I do not wish for my child(ren) to have their photograph taken or be videoed in a way that would identify them whilst at LITP. I understand that the marker sticker provided must be worn by my child in clear view so that it alerts the Media Team to this.

For a full privacy statement regarding Media at LITP please contact sarah@globalgeneration.co.uk or ask a member of the Check In Team.