



**BETHESDA MINISTRIES, UK**  
YOUNG EXPLORERS &  
YOUTH ADVANCEMENT REGISTRATION FORM



**FOR 2-7 YEAR OLDS**

**FOR 8-12 YEAR OLDS**

**FULL NAME OF CHILD**

\_\_\_\_\_  
\_\_\_\_\_

**CHILD'S  
DATE OF  
BIRTH**

\_\_\_\_\_

**NAME OF PARENT/GUARDIAN**

\_\_\_\_\_

**CONTACT DETAILS OF  
PARENT/GUARDIAN**

Address: \_\_\_\_\_  
\_\_\_\_\_  
Post Code: \_\_\_\_\_  
Telephone number: 

HOME	MOBILE
_____	_____

**PLEASE PROVIDE A CONTACT  
NAME AND ADDRESS IN CASE  
OF AN EMERGENCY IF  
DIFFERENT FROM ABOVE**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Telephone number: 

HOME	MOBILE
_____	_____

**DETAILS OF ANY ALLERGIES  
YOUR CHILD MAY HAVE OR  
ANY MEDICAL DETAILS WE  
NEED TO BE AWARE OF**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PROVIDE DETAILS OF  
YOUR CHILD'S SPECIAL  
EDUCATIONAL NEEDS (SEN)  
AND THE ASSISTANCE THAT IS  
REQUIRED**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DO YOU CONSENT TO YOUR CHILD BEING ADMINISTERED BASIC FIRST AID  
(PLASTERS & ANTISEPTIC) IN THE EVENT OF A MINOR ACCIDENT?**

**YES**  **NO**

**DO YOU CONSENT TO YOUR CHILD BEING FILMED OR PHOTOGRAPHED FOR BETHESDA'S  
SERVICES, WEBSITE, SOCIAL MEDIA AND/OR FOR PROMOTIONAL PURPOSES?**

**YES**  **NO**

**SIGNATURE OF  
PARENT/GUARDIAN**

\_\_\_\_\_

**DATE**

\_\_\_\_\_

**THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM**

**FOR OFFICE USE ONLY**

Date Child Registered \_\_\_\_\_

Registering Officer (Print Name) \_\_\_\_\_