

REGISTRATION FORM – CHILD

BIRMINGHAM HILTON MET, 7-9 April 2020

OFFICE USE	DATE IN		
	£	PGS	

Name: _____

Name of Congregation/Fellowship/District/Society _____

Date of Birth: _____

Address: _____

Crèche Infant Aged 4 and below

(sharing room with parent in own cot)

Post code: _____

Telephone: _____

GA Kids (5-11)

Emergency Contact Number: _____

GA Teens (12-17)

Email address for booking confirmation: _____

Can s/he swim? YES / NO

ACCOMMODATION REQUIREMENTSVegetarian

Please circle your requirements below as appropriate

	Daily Charge			B&B and Dinner			TOTAL
	(0-4 Years)	(5-11 Years)	(12-17 Years)	(0-4 Years)	(5-11 Years)	(12-17 Years)	
Tues 07 April	£0	£7	£7	£0	£13	£13	£
Wed 08 April	£0	£7	£7	£0	£13	£13	£
Thu 09 April	£0	£7	£7				£
	TOTAL - Cheques payable to GA of Unitarian & FCC						£

NOTE: Children aged under-15 will normally be allocated a twin / shared room with parent(s).
If crèche age, there is no charge but the form must still be completed indicating attendance period.

ESSENTIAL REQUIREMENTS (Health/Mobility) & OTHER PREFERENCES

Bookings for accommodation and meals should be received by 18 February 2020

Crèche bookings MUST be received by 31 January 2020

Please return this booking to: General Assembly of Unitarian & Free Christian Churches, 1-6 Essex St, LONDON, WC2R 3HY,
Tel: (020) 7240 2384, Reg Charity: 250788.

During the Meetings, photos (usually of groups) may be taken for publicity purposes. Please tick if you do not wish your photo to be used

Information from this form is put into the GA database for processing in connection with the Annual Meetings and anonymous statistical analysis. We do not send general mailings to non-officers, nor give members of the public information about such people. A fuller computer privacy statement is in the Preface to the GA Directory. Please tick if you do not wish to receive unrelated mailings

The General Assembly will require six weeks' notice of cancellation for a refund to be made. Refunds can only be made on accommodation. It is your responsibility to arrange insurance if you wish to have it.

**GENERAL ASSEMBLY ANNUAL MEETINGS, BIRMINGHAM 2020
PARENTAL INFORMATION AND CONSENT FORM**

Please complete this form to capital letters to help us read the information.

CHILD'S NAME:

DATE OF BIRTH:

HOME ADDRESS:

HOME PHONE:

PARENT / GUARDIAN MOBILE:

NAMES OF PARENTS / GUARDIANS:

NAME AND ADDRESS OF CHILD'S DOCTOR:

PLEASE GIVE DETAILS IF YOUR CHILD WILL NOT BE ATTENDING ALL OF THE GROUP'S SESSIONS (E.g. Arriving at the Annual Meetings late or leaving early):

SPECIAL DIETARY NEEDS:

I give permission for my child to take part in the activities of their group at the Annual Meetings. I understand that she / he will be under the care and control of the group leader and / or other approved leaders and that, while the staff, will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

I consent to any emergency treatment necessary whilst my child is engaged in group activities. I therefore authorise the leaders to sign, on my behalf, any written form of consent required by medical authorities if it is deemed necessary and provided that the delay to obtain my signature be considered likely to endanger my child's healthy and safety.

Please make a note below of any allergies, special needs or any other information you would like leaders to know about your child, continuing on a separate sheet of paper if necessary.

SIGNED:

DATE:

If you have any queries about the youth programme at the Meetings please contact Gavin Howell, the Youth Officer, on (07984) 075384 or preferably by email at youth@unitarian.org.uk

FILMING

Please be aware that UK Unitarian TV may be filming some sessions at the Annual Meetings for use in videos to be put online, including the Anniversary Service. If so, these sessions will be advertised as having filming taking place.

If you have concerns about your children appearing in any such films, please discuss this directly with:

Louise Rogers
UK Unitarian TV

Email: louise.rogers256@gmail.com
Tel: (07732) 361 262

Credit / debit card payment option

This year we are offering the chance to pay by credit or debit card.

Name of attendee(s):

**PLEASE NOTE THAT PAYMENT BY CREDIT CARD
WILL INCUR A SURCHARGE OF 2.5%.**

DEBIT CARDS ARE NOT CHARGEABLE.

Card (please circle): Debit Credit

Card type (please circle): VISA MASTERCARD DELTA MAESTRO

Name on card:

Card Number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>																		

(most payment cards have 16 digits, though some have 18)

Start date: Expiry date: Issue No:

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Security Number (last 3 digits on security strip):

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Registered address of the cardholder:

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I agree for my card to be charged with the amount overleaf (plus any relevant surcharge). In the event of a miscalculation I agree for the General Assembly to charge the correct amount.

Signature: _____