**CONSENT**

In the run up to Big Church Serve, Lisburn Cathedral would like to securely store yours and your child’s details incase we need to contact you and your child about their application, team allocation, training and any other BCS matters. Remember you can opt out at any time!

* Yes I’m happy for my details and my child’s details to be securely stored and for Lisburn Cathedral to contact me and my child regarding Big Church Serve

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Under 18 Applicant)

**CHURCH MINISTER’S RECOMMENDATION**

*If the applicant is* ***not*** *a member of Lisburn Cathedral, the following must be completed by minister of the Church they are a member of*

I support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in his/her

application to take part in Lisburn Cathedral’s ‘Big Church Serve’

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BIG CHURCH SERVE 2024 APPLICATION**

Ov

**Under 18 Application Form**

**NAME OF APPLICANT: \_\_\_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_\_\_**

**APPLICANT’S EMAIL: \_\_\_\_\_\_\_**

**PARENT/GUARDIAN’S EMAIL: \_\_\_\_\_\_\_**

**PARENT/GUARDIAN FULL NAME:**

**ADDRESS:**

**EMERGENCY CONTACT NUMBERS**: **Relationship:**

1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANY KNOWN ALLERGIES/MEDICAL CONDITIONS/MEDICATIONS:**

**AVAILABILITY** (*Please tick as appropriate*).

Wednesday (Hillhall only)

Thursday (Hillhall only)

Friday

Saturday

**PREFERRED TEAM:** *(You can tick more than one option)*

Business Blessing Prayer/Evangelism on the Street

Kids work Grace Cafe

Prayer Room Practical Team (Wed &Thurs)

Set Up Team

*NB – whilst we will try our very best to accommodate preferences, please be aware that we may need to allocate you to other teams. We will contact you to let you know if we aren’t able to place you on any of your preferred teams.*

**PARENT/GUARDIAN’S CONSENT**

I confirm that the details declared are complete and correct to the best of my knowledge. In the unlikely event of an accident, I give permission for any appropriate first aid to be given by the nominated first aider. In an emergency, and I cannot be contacted, I am willing for my child / ward to be given hospital treatment, including anaesthetic if necessary.

I understand that every effort will be made to contact me as soon as possible.

*(please tick as appropriate)*

YES NO

I give permission for my child’s email address to be stored and used for communication regarding Big Church Serve, its activities, as well as related activities which Big Church Serve seeks to promote awareness of. I understand that if I submit my personal email address that I will receive copies of any emails sent to my child’s email address regarding Big Church Serve

. *(please tick as appropriate)*

YES NO

Photographs will be taken for publicity purposes. Do you give your permission for photographs of your child to be taken and used?

*(please tick as appropriate)*

YES NO

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_