

Wellbeing Warriors CIC

Child Registration and Media Consent Form

Child's Name: _____

Date of Birth: _____

Parent/Carer Name: _____

Relationship to Child: _____

Address: _____

Parent/Carer Email: _____

Parent/Carer Phone: _____

Emergency Contact (if different from above)

Name: _____

Phone: _____

Relationship to Child: _____

Medical, Behavioural or Additional Needs

Please provide any information that will help us support your child safely and effectively.

Medical conditions: _____

Allergies: _____

Behavioural or additional needs: _____

Medication required during sessions: _____

Collection Password System

For safeguarding purposes, please provide a secure password that must be stated by any adult collecting your child.

Collection Password: _____

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Photography & Media Consent

0. No Consent

- ☐ I do not give consent for my child to be photographed or recorded in any form.
(If you tick this box, please do not tick any of the other consent options.)

1. General Consent

- ☐ I give permission for Wellbeing Warriors CIC to take photographs of my child.
☐ I give permission for Wellbeing Warriors CIC to take short video clips of my child.

2. Use of Images

- ☐ Website
☐ Social media
☐ Printed promotional materials
☐ Funding applications / impact reports
☐ Training or presentations

3. Group Photos

- ☐ I consent to my child appearing in group photos.

4. Naming

- ☐ I consent to my child being named alongside their photo.

Agreement to Terms & Conditions

- ☐ I confirm I have read and agree to the Wellbeing Warriors CIC Terms & Conditions.
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Parent/Carer Declaration

I confirm that the information provided is accurate and that I have parental responsibility for the child named above.

Signature: _____

Date: _____

Wellbeing Warriors CIC • wellbeingwarriorscic@gmail.com
Strong minds. Brave hearts. Resilient futures.

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