MOURNE PRESBYTERIAN CHURCH SATURDAY NIGHT CLUB CODE OF CONDUCT

When I attend Saturday Night Club (SNC) I agree to show respect for:

OTHER YOUNG PEOPLE:

- I will treat other young people as I would like to be treated.
- I will respect the views and feelings of other members.
- I will not bully or not behave aggressively towards anyone, physically or verbally, including "put-downs" of other club members, leaders and helpers, either directly or electronically, e.g. mobile phones, chat rooms, social media.

YOUTH CLUB LEADERS:

 I will listen to the youth club leaders, follow instructions and share any ideas to improve SNC.

THE CHURCH BUILDINGS AND FURNISHINGS:

- I will put litter in the bins provided.
- I will not vandalise the church properties.
- I will help to tidy the youth club at the end of the night.

MYSELF:

- I will not smoke, vape, drink alcohol or use any illegal substances in the building.
- I will not bring opened cans, bottles or drinks into SNC.

I understand that if I do not adhere to this Code of Conduct a youth club leader will contact my parent/guardian immediately and request removal from the club.

I have read through this agreement with my young person and agree to these safety restrictions.

Signed by young person:

Print Name:

Parent/Guardian Name:

Signature:

Emergency contact number:

Date:

Complete reverse.

Anything written on this form will be held in confidence.

The leaders need to know these details in order to meet the specific needs of your child.

Name of Congregation: MOURNE

Organisation: SATURDAY NIGHT CLUB

I give permission for my child to attend the organisation(s) above at their usual meeting places and participate in all of their activities.

Child's full name:	DOB:
Name by which he/she is usually known:	
Address:	
Name of Parent/Guardian to be contacted:	
Phone number where I can be contacted in an eme	ergency:
Home: M	obile:
Second contact's Name:	
Relationship to Child:	
Phone no (including code):	
Please indicate medical conditions, additional need medication being taken and anything else that wou	ds, allergies or dietary requirements relevant to your child, any uld be helpful for the leaders to know about:
PowerPoint display in church service (tick as appropri	oe taken of your child and used for church purposes? E.g. iate) NO be taken of your child and posted on the Church Website or NO NO NO
	esponsibility for the above named child, I give permission for first by a first aider, if available, or medical treatment to be oner.
In the event of a medical emergency, leaders will entelephone numbers given.	deavour to contact you as soon as possible using the contact
I will inform the leaders of any important changes to our address or to any of the phone numbers given al	o my child's health, medication or needs and also of any changes to bove.
I confirm that the above details are correct to the b	est of my knowledge.
Parent/Guardian signature:	Date:

Complete reverse.

Revised October 22