

# Xplore @ Enniskillen Cathedral

## Registration Form

Xplore is a monthly group for all young people in Year 9 or above. We meet once a month in the Upper Room of the Cathedral Hall. We are open to young people of all backgrounds. At Enniskillen Cathedral we want everyone to feel a part of a wider church family and to have a relaxed and safe space to ask questions about faith and God. We agree to be respectful of others, to act safely and considerately, and to follow reasonable instructions from leaders.

Contact us and keep up to date with all things Youth and Children's work going on at Enniskillen Cathedral on our social media or via email



Children and Youth  
at Enniskillen Cathedral



@ekncathedralyouth



childrenandyouth@enniskillencathedral.com

\*\*\*\*

Participants Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Emergency phone number: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

Does the participant have any specific requirements? (medical, dietary, accessibility etc.)

Yes

No

If Yes, please give details: \_\_\_\_\_

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

I give permission for photographs to be taken of my child. I understand that these will only be used to promote Youth and Children's Work in Enniskillen Cathedral. They may be printed in the Cathedral Magazine, the Clogher Diocesan Magazine or other Church of Ireland publications. Photos may also be shared on our Social Media pages. Names of young people will never be shared alongside these photographs. Every effort will be made to prevent photographs being linked to a child's identity.

(Please Tick)

Yes

No

I give permission for Xplore @ Enniskillen Cathedral to record and store the personal data outlined in this registration form. This information will be stored securely and only used for the purposes of running Xplore programmes. I understand that I can amend this personal data at any time or request it to be deleted. I give permission for Xplore leaders to contact me about event details using the information above.

(Please Tick)

Yes

No

\*\*\*\*

Xplore follows Safeguarding Trust policies and procedures.

Name of Parent/Guardian (Please Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

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

