



Registration Form

Anything written on this form will be held in confidence. The Summer Bible Club leaders need to know these details in order to meet the specific needs of your child. Leader in charge will be Rev A Moffett.

Child's Name _____ Date of Birth ____ / ____ / ____

Address _____

Please give a telephone number(s) where you may be contacted (if the need arises)

If you are unavailable, whom should we contact? Name _____

Relationship to child _____ Telephone _____

Please list below

- Any known conditions, allergies etc (eg asthma, diabetes, food allergies) from which your child suffers
- Any medication your child is taking
- Any special needs or requirements that it would help the leaders to know about

If you would like to receive information about future Summer Bible Clubs by email please supply email address below.

Email _____

I give permission for my child to attend the Summer Bible Club and participate in all activities.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. I understand that every effort will be made to contact me as soon as possible.

We may be taking photographs during the Summer Bible Club, which may be published on the church's website or Facebook. Unless you inform us otherwise, we will assume that you are giving permission for your child's photograph to be taken when you sign this form.

Signature _____ Parent / Guardian Date ____ / ____ / 2016

Name printed in full: _____