

Ainon Baptist Church Holiday Club Registration Form 2015

Childs Name

Address

Telephone No

Date of Birth

Age

School

School Year

Name and Address of GP

GP Telephone Number

Please give details of any medical conditions, disabilities or allergies affecting your child, or any medication that they may be taking. Please add any other relevant information.

Please give details of two emergency contacts:

Name

Relationship to Child

Contact Number

Name

Relationship to Child

Contact Number

Please tick if your child can go home unaccompanied at the end of each session.

Parental Consent

I confirm that the above details are correct and complete to the best of my knowledge and I give permission for my child to take part in the Holiday Club being held at Ainon Baptist Church. I give permission for photographs to be taken during club which may be included on the church website. I understand that while involved s/he will be under the control and care of the group leaders and that whilst these leaders will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity. In an emergency and/or if I am not contactable, I am willing for my child to receive doctor/hospital or dental treatment including an anaesthetic.

Signed

Name

Date

Email Address