

HOLIDAY BIBLE CLUB

REGISTRATION FORM



Monday 14th August – Friday 18st August 2017

Holy Trinity Parish Halls, Banbridge from 10:30am to 12:30am each day.

Name of child

Address.....

.....

Age Date of birth

School School Class

Parent(s)/Guardian(s)name(s).....

Email Address of Parent/Guardian

Telephone Number of Parent/Guardian

Emergency Contact 1

Name

Relationship to child.....

Preferred Contact Number.....

Alternative Contact Number (if cannot be reached on preferred contact number)

Emergency Contact 2

Name

Relationship to child.....

Preferred Contact Number.....

Alternative Contact Number (if cannot be reached on preferred contact number)

Please see overleaf

In order to help with planning if you could please return the completed form to Mark or the Parish office asap before Wednesday 9th August 2017 to help us in our planning and preparations. Thank you.

I give permission to allow photographs or videos to be taken of my child in the context of the organisation activities for the sole use in the parish magazine, church publicity and/or the church website.

Yes No

In case of emergency medical treatment please detail any history, condition, allergy or medication that we should be made aware of. Please put the name, address and telephone number of your Doctor. If your child has **a serious medical condition/allergy etc.** please speak to the leader in charge or designated First Aider before Holiday Club starts to make them fully aware. If your child needs to bring medicine etc, **please write their name on it clearly and provide a current photograph.**

I give permission for the basic first-aid to be administered to my child Yes No

In the event of he/she being taken ill during Holiday Bible Club in which surgical operation or serum injection becomes necessary, I hereby authorise the leader in charge to sign on behalf any written consent forms required, provided the delay necessitated to obtain my signature might endanger his/her health or safety.

Yes No

I give permission to be contacted about other youth and parish events by email -

Email – YES NO (Please tick as appropriate)

I give permission for my child to attend the ‘Holiday Bible Club’ meeting on the days and times specified above and to participate in all the activities of the organisation, and know of no medical reason why he/she should not do so. It is my understanding that my specific consent will be sought for any additional activity outside the above days and times and venue.

Parent/guardian’s signature **Date**

Consent must be provided by the person with parental responsibility.

Please see overleaf