

**SAINTFIELD BAPTIST CHURCH**  
**SPORTS 4 CHRIST : REGISTRATION FORM**

*(Separate form to be completed by child's parent/guardian for each child)*

*I give permission for my child to attend Saintfield Baptist Church Sports 4 Christ to be held in Saintfield Baptist Church Hall.*

Child's Full Name \_\_\_\_\_ ☐ Male ☐ Female

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile No \_\_\_\_\_

Details of any known medical conditions, allergies etc.:

\_\_\_\_\_

Photographs and video will be taken during the week. If you do NOT wish your child to be photographed/videoed please tick here ☐

*In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the first-aid representative, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.*

*I confirm that the above details are correct to the best of my knowledge.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)