

**SAINTFIELD BAPTIST FOOTBALL/HOCKEY4CHRIST**  
**REGISTRATION FORM** (*Separate form to be completed*  
*by child's parent/guardian for each child*)

*I give permission for my child to attend the Saintfield Baptist Church  
Football4Christ or Hockey4Christ week to be held at Saintfield United/  
Saintfield Hockey pitches on 17-20 August 2015.*

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

Sport (please select one)    Football ☐    Hockey ☐

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)

Please send completed registration form to:  
(not later than Monday 3<sup>rd</sup> August 2015)

**Gary and Julie McNeill**  
**14 Brae Road**  
**Ballynahinch**  
**Co Down**  
**BT24 8UN**

If further information is required please  
contact:

**Gary or Julie - 028 9756 3792**

*As numbers are limited places will be allocated in order  
of receipt of forms and will be confirmed to you*

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**FOR OFFICE USE ONLY**

Date of receipt of form: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_