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REGISTRATION FORM: "GUARDIANS OF ANCORA"

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Full name of child Date of birth/...../.....
Address
..... Postcode
Telephone number Age on first day of Holiday Club
School Church (if any)
Name of child's G.P. Tel. no. of child's GP.....
Details of any allergies, health problems, disabilities, etc.
.....

Declaration: I give permission for the above child to take part in the activities of the "Guardians of Ancora" holiday club from 8th to 11th August 2017. I also give permission for emergency medical treatment to be carried out in the event that I cannot be contacted.

- # My child will be collected at the end of each session by a responsible adult
- # I give permission for my child to get wet in the games on Friday
- # I give permission for photographs that may include my child's face to be published on the church's website
please delete any of these sentences that does not apply.

Signed Date

Name (please print) Parent/Adult with legal parental responsibility