

## REGISTRATION FORM: "PYRAMID ROCK"

Full name of child		M□F□ Date of birth/		
Address				
			Postcode	
Telephone number		Age on first day of Holiday Club		
School		Church (if any)		
Name and Tele	phone No. of child's G.P			
Details of any a	allergies, health problems, disabilities, etc			
Declaration:	I give permission for the above child to take part in the activities of the "Pyramid Rock" holiday club from 11th – 14th August 2015. I also give permission for emergency medical treatment to be carried out in the event that I cannot be contacted.			
# I give permiss	oe collected at the end of each session by sion for my child to get wet in the games of sion for photographs that may include my # please delete any of t	on Friday child's face to be publis		
Signed		Date		
Name (please print)		Parent/Adult with	Parent/Adult with legal parental responsibility	