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REGISTRATION FORM: "ROCKY'S PLAICE"

M F

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

Declaration: I give permission for the above child to take part in the activities of the "Rocky's Plaice" holiday club from 9th to 12th August 2016. 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