



## REGISTRATION FORM

Please fill in this form to book a place for your child.  
Please use a separate form for each child

VENUE

Aldridge Parish Church

FROM

Wednesday 25 August

TO

Friday 27 August

Child's full name

Sex: **M/F**

Date of birth

School

Please register my child for Rocky's Plaice Parent's/Guardian's signature

Parent's/Guardian's full name

Address

Phone number

I give permission for my child's and my details to be entered on the church database.

**YES/NO**

I give permission for my child's photograph to be taken during the club.

(The photographs will be used for church purposes only, including church magazines and press releases)

**YES/NO**



## CONSENT FORM

Please use a separate form for each child

Child's full name

Address

Emergency contact name

Phone number

GP's name

GP's number

Any known allergies or condition

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

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signature of parent/guardian

Date