

Clinicarhill Parish Church Registration and Consent Form
“Walk tHIS Way” Holiday Club 5th -9th August 2019

Child's Name:	Date of Birth:
Address:	Entering Primary?
	Tel. No.
Parent's E-mail:	
Alternate Emergency contact name and relationship:	Emergency contact tel. no.
Please give details of any medical conditions (e.g. asthma; diabetes); dietary needs (allergies) or disabilities which may affect normal activity	
<p>PARENTAL CONSENT:</p> <ul style="list-style-type: none"> • I give permission for my child as named above to participate in the normal activities of this group. • I understand that while involved in the activities of this group, he/she will be under the control and care of the group leader and/or other adults approved by the church leadership and that, while the staff in charge of the group will take reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of the activity • I give permission for their details to be entered into the holiday club database. YES <input type="checkbox"/> NO <input type="checkbox"/> • I give permission for photographs or videos to be taken during the holiday club which will be used during the Holiday Club and for the Holiday Club Sunday Service. YES <input type="checkbox"/> NO <input type="checkbox"/> • I give permission for any appropriate First Aid to be given by the nominated First-Aider. YES <input type="checkbox"/> NO <input type="checkbox"/> • In an emergency and/or 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. YES <input type="checkbox"/> NO <input type="checkbox"/> • I would like to hear about other activities within the church for my children. YES <input type="checkbox"/> NO <input type="checkbox"/> 	
Signature of Parent or Guardian :	Date: